

COMMUNITY ASSISTANCE SCHEME

Community Group Grant Application Form





INFORMATION FOR ALL PARTICIPANTS

The Community Assistance Scheme is designed to enhance the social, recreational and cultural fabric of our community through the provision of funds and in-kind support to not for profit community groups and organisations.

The following document is the *Community Group Grant Application Form*, to provide financial assistance to not for profit organisations for specific projects and events. This application must be submitted at least four (4) weeks prior to the project or event.

Please ensure you complete the enclosed application fully and include all the required supporting documentation as outlined in the checklist at the end of this document.

Please note: the City of Kalgoorlie-Boulder will not review and Council will not consider incomplete applications. It is under no obligation to contact applicants to request information that has not been submitted as per the Guidelines.

To assist in processing all applications, we ask you to note the following requirements:

- Before completing your application, please make sure you have read the City's Community Group Grant Guidelines;
- For applications that are hand written, please use black ink. Only clear and legible hand written applications are able to be processed. If you need space to describe any aspect of your proposed activity please provide the information as briefly as possible on A4 paper, marking clearly the item and page number to which the additional information refers;
- Please supply all supporting material with your application and ensure that it is clearly labelled and all information remains in the A4 format;
- Electronic applications will be accepted only, please do not provide hard copies.

Applications will be assessed on their individual merit and available funds. The City does not guarantee you will receive the full amount of financial assistance requested. The level of financial assistance offered will be based on the overall significance of the proposed project or event, including the benefits provided to the community. Receiving financial assistance under this program does not guarantee future stages of your project or event will be funded.

Applicants may be required to make a presentation to Council on a date to be advised. Applicants will be notified in writing of the success or otherwise of their application.

Should you have any questions about the application process, please contact City Officers on (08) 9021 9600.



1. APPLICANT INFORMATION									
Organisation:									
Address:									
Postal Address:									
Contact Person:					Role:				
Phone:					Mobile:				
Email:									
Incorporated:		Yes		No	Not For Profit:		Yes		No
ABN (if applicable):					GST Registered:		Yes		No
AUSPICE ORGA	NISAT	IONA	AL DE	ETAILS					
If you are not an incorporate Please supply detailed infor such as the Treasurer, Chai provided in this application i	mation abo irperson, F	out your President	auspice t or Seci	e organisation retary, declarii	below and obtain a sigr ng that the organisation	nature froi is incorpo	m an offic	cial repr	esentative
Auspice Organisation:									
Address:	Address:								
Postal Address:									
Contact Person:					Role:				
Phone:					Mobile:				
Email:									
Incorporated:		Yes		No	Not For Profit:		Yes		No
ABN (if applicable):					GST Registered:		Yes		No



	2. PROJECT/EVE	NT DETAILS		
Pr	oject/Event Name:			
C	ommencement Date:		Completion Date:	
Ve	enue/Location:			
Gı	rant Requested:	\$	Total Project/Event Costs:	\$
a.	Briefly describe your proje	ect/event.		
b.	List the groups and organ to this application.	nisations who are suppor	ting your project/event ar	nd attach letters of support
	1.			
	2.			
	3.			
	4.			
	5.			
C .	Why are you hosting this community?	s event or undertaking th	is project? Does it addre	ess a need or issue in the



d.	. What considerations have you made for disability access and inclusion for your project or event?				
		Toilets Signage Parking Ramp access		Wheelchair access Sensory friendly zones Hearing loops Other – please specify below	
e.	Detail receiv	how you plan to provide recognition of e?	the City	of Kalgoorlie-Boulder and the support you	
	1.				
	2.				
	3.				
	4.				
	5.				
f.	List th	ree (3) to five (5) methods on how you will	evaluate	the success of your project or event.	
	1.				
	2.				
	3.				
	4.				
	5.				



g. Has your organisation prevBoulder in the last five (5) y	riously received a grant or financial assi years?	stance from the City of Kalgoorlie-		
☐ Yes ☐ No				
Financial Year	Grant/Financial Assistance Type	Amount		
		\$		
		\$		
		\$		
		\$		
		\$		
3. STRATEGIC CO	MMUNITY PLAN			
	he Community Themes, Goals and C c Community Plan 2020-30. See page ya.gov.au/cas			
Community Theme, Goal and Objective:				
Describe how your project/ev	ent aligns with this:			
Community Theme, Goal and Objective:				
Describe how your project/event aligns with this:				
Community Theme, Goal and Objective:				
Describe how your project/event aligns with this:				
The following is an example of how you can do this:				
Community Theme, Goal and Obje	-			
Describe how your project/event aligns with this Guiding Principle: Our project will not only increase the liveability aspect for the local community, but will attract visitors to Kalgoorlie-Boulder because of the unique tourism product we are offering.				



4. BUDGET

Tips for completing your budget

- Applicants that can demonstrate their own or other financial contributions will be considered favourably.
- 2. Total income needs to be equal to the total expenditure.
- 3. Total expenditure is for the program or event only.
- 4. Do not include GST (where appropriate, 10% will be added to successful grant).
- 5. Quotes must be supplied for all purchases over \$5,000.
- 6. The most recent up-to-date copy of audited financial statements must also be supplied.
- 7. The City encourages the use of local businesses for any quotes that may be sourced in relation to the supply of goods and services.
- 8. In-kind contribution refers to donations/inclusions of goods or services that have a value, e.g. venue costs, donated materials, or volunteers time.
- 9. Please calculate the value of volunteer hours at \$25/hour/volunteer.

Example Budget

INCOME – Including In-Kind		Amount
City of Kalgoorlie-Boulder grant		\$1900
Organisation's cash contribution		\$1500
Donations		\$0
Sponsorships		\$0
Other grants/funding		\$2250
(Community Group Name) volunteer hours x 4 people x 12 hours		\$1200
(Printing Company Name) Printing Promotional Materials		\$75
	TOTAL INCOME	\$6925

EXPENDITURE – Including In-Kind		Amount
Marketing and Promotion		\$100
Venue Hire		\$350
Facilitator		\$550
Catering		\$500
Temporary Infrastructure		\$1450
Event fees		\$350
Traffic Management		\$1450
Entertainment		\$900
(Community Group Name) volunteer hours x 4 people x 12 hours		\$1200
(Printing Company Name) Printing Promotional Materials		\$75
	TOTAL EXPENDITURE	\$6925



Actual Budget	
INCOME – Including In-Kind	Amount
TOTAL INCOME	

EXPENDITURE – Including In-Kind	Amount
TOTAL EXPENDITURE	

You may create a form specific to your organisation, please ensure it does not exceed two (2) A4 pages, includes all relevant information and it is clearly identifiable.

Please note: Any surplus funds identified are required to be returned to the City of Kalgoorlie-Boulder at the completion of the project/event or at the end of the financial year.



5. APPLICATION SUPPORTING DOCUMENT CHECKLIST Please ensure you have enclosed the following documentation with your application. Please also note that if your organisation is not incorporated, the auspice organisation noted in section one (1) must provide the required documents on your behalf. Most recent up-to-date copy of certificate of incorporation П Evidence of Not For Profit organisation П ABN number and evidence of GST registration П Certificate of Public Liability Insurance П Letters of support П Quotes for items and services over \$5,000 Most recent up-to-date copy of audited financial statements 6. DECLARATION I hereby certify that to the best of my knowledge, the information provided above is correct, and an accurate account of income, expenditure and project activities is disclosed in this application. Signed: Name: Date:

PLEASE RETURN YOUR COMPLETED APPLICATION FORM MARKED AS BELOW:

☐ President/Chair

☐ Secretary

By Email to: cas@ckb.wa.gov.au

Position:

Attention: Community Assistance Scheme Officer

Subject: Community Group Grant Application – [Organisation Name]

☐ Treasurer

Any further information can be discussed with City Officers on (08) 9021 9600.

INCOMPLETE AND LATE APPLICATIONS WILL NOT BE ASSESSED. APPLICANTS CAN ONLY SUBMIT ONE (1) GRANT APPLICATION PER FINANCIAL YEAR, AND MUST BE RECEIVED A MINIMUM OF FOUR (4) WEEKS PRIOR TO THE PROJECT OR EVENT.