

Community Champions Grant 2024/25 - Application Form Preview

Information for Applicants

Before you begin

Thank you for your interest in applying for a Community Champions Grant.

This area of the Application form is designed to help you – and us – confirm if you are eligible for this grant.

It is crucial you take the time to read it thoroughly and complete all sections. This is to ensure you do not spend unnecessary time applying for a grant which may be unsuitable for you.

If you have any questions about the Community Champions Grant, including eligibility or the application process, please contact the Community Grants Officer on (08) 9158 9314 or grants@porthedland.wa.gov.au.

Overview of the Community Champions Grant

The Community Champions Grant supports individuals and teams who are excelling in their chosen field. This grant will support those to further develop their skills or support those representing the Town of Port Hedland local government area at a regional, state, national, or international event.

Note: For the purpose of this application and as required:

- **Event** will have the same meaning as activity, competition, conference or program.
- **Organisation** will include a family, team or group. These terms may be used interchangeably.

Prior to moving to the next section, please ensure you review the following and understand their relevance to this grant:

- [Town of Port Hedland Grants Program Overview](#)
- [Community Champions Grant guidelines](#)
- [Town of Port Hedland Strategic Community Plan 2022 - 2032](#)
- [Town of Port Hedland Access and Inclusion Plan 2023 - 2026](#)

Important Points

- Applications received **less than six (6) weeks** prior to the proposed event date will not be considered unless an **exemption** has been requested and approved.
- Groups travelling together undertaking individual activities for the same event, must apply as a group Application.
- Groups travelling together for a team event must apply as a group Application.

Note: If you are part of a team and unsure if you are the only one travelling for your event, please check with your club or association prior to applying. Multiple individual applications for the same event risk being declined and directed instead to apply as a group application.

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Grant Limits

There are two (2) application categories, each with three (3) zones, which determine how funding is allocated for a Community Champions Grant - you can apply for **up to** the maximum grant amount under your Application category.

Individual applicant:

- Travel within the region: \$500
- Travel 800km-1,999km: \$1,000
- Travel 2,000km or more (nationally or internationally): \$2,000

Group applicant:

- Travel within the region: \$2,000
- Travel 800km-1,999km: \$5,000
- Travel 2,000km or more (nationally or internationally): \$5,000

The Community Champions Grant **will** fund:

- Costs associated with:
 - Travel.
 - Accommodation.
 - Event fees.

The Community Champions Grant **will not** fund:

- Retrospective events or those already commenced prior to the grant Application submission.
- Meals and incidentals.
- Participation in commercial-based activities.
- Participation in school-based activities.

Documents and information you may require for this Application

Depending on if you are applying as an individual or an organisation, questions in this Application may request the following:

- Contact details for the Applicant and/or participant/s.
- ABN.
- Association information.
- Event details.
- Evidence of selection and/or invitation.
- Alignment with the ToPH Community Champions Grant outcomes and Strategic Community Plan 2022-2032.
- Community support.
- Access and inclusion principles.
- Previous support from the Town of Port Hedland.
- Budget (amount requested, total cost, income & expenditure breakdown).
- Quotes or evidence of cost for items over \$500.
- Bank details (including proof).

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- How you plan to recognise and acknowledge the Town for any grant funds received.

Note: Attachments must be 25MB or less per file however files up to a maximum of 5MB are recommended - the larger the file, the longer it takes to attach.

Privacy Notice

The Town of Port Hedland pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy policy, go to the [Town of Port Hedland Privacy Policy](#).

Eligibility

* indicates a required field

Applicant Eligibility

I confirm the applicant: *

- ☐ Has read and understood the Community Champions Grant guidelines.
- ☐ Resides in the Town of Port Hedland local government area.
- ☐ Will be representing the Town of Port Hedland local government area at their event.
- ☐ Has been selected by a recognised regional, State, National or International body and evidence will be provided and is verifiable.
- ☐ Has the appropriate type and level of insurance for the event which is the subject of this grant (if required).
- ☐ Has not received another Community Champions Grant this financial year for the same (or lower) level as the proposed event.
- ☐ Does not have any outstanding acquittals nor owe money to the Town of Port Hedland.
- ☐ Is not a political party nor undertaking activities or programs perceived as benefiting a political party or political campaign.
- ☐ Is not undertaking religious activities.

All boxes must be checked to move to the next stage of the application. Guidelines and eligibility requirements can be found [here](#).

Lodgement Eligibility

Important: Your application will be **declined** if you are lodging it less than six (6) weeks prior to the event and you have **not** sought prior approval.

Do not select a false answer just to continue your application - please contact the Community Grants Officer prior to proceeding to discuss your options.

I confirm: *

- ☐ This Application is being lodged at least six (6) weeks prior to the proposed event.

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☐ The event occurs in less than six (6) weeks and I have received an exemption to lodge this Application.

Exemption Approval

Date of approval *

Date you received approval to lodge this Application.

Method of approval *

- ☐ In writing
☐ Verbal

How you were advised of your approval.

Name of person who approved your exemption *

I confirm this information is accurate and I have received an approved exemption to lodge this Application *

- ☐ Yes ☐ No

Confirmation of Eligibility

I confirm all the above statements are true and correct *

- ☐ Yes ☐ No

Applicant Details

* indicates a required field

To help you navigate and complete these questions, please read the below:

Individual:

- This is for a single applicant only.
- The applicant is the name of the person who requires the grant.
- If a minor, do not enter the Parent or Guardian's name at this point.
- Do not enter any information into the organisation field.

Organisation:

- This is for a family, team or group Application.
- The organisation field is the name of the family, team or group requiring the grant (eg. Smith Family, All Green Sporting Club)
- Do not enter any information into the First name / Last name fields.

Applicant *

- ☐ Individual ☐ Organisation

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Organisation Name

First Name

Last Name

Individual Application

Are you aged 18 or over? *

☐ Yes

☐ No

Contact Details - Individual

Please provide your contact details.

Residential address

Address

Postal address (if different to Residential address)

Address

Phone number *

Must be an Australian phone number.

Email address *

This will be used for all correspondence.

Contact Details - Individual (Minor)

Please provide the Parent or Guardian details for the Applicant,

Name *

First Name

Last Name

Relationship to Applicant *

Residential address

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Address

Postal address (if different to Residential address)

Address

Phone number *

Must be an Australian phone number.

Email address *

This will be used for all correspondence.

Contact Details - Organisation

Please provide the contact details for the family, team or group.

Contact Person *

First Name

Last Name

Contact Person's relationship to Organisation *

eg. Parent, Coach, Team Member

Organisation ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register | |
|---|----------------------------------|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |

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Tax Concessions

Main business location

Optional: Only required if you have an ABN

Main address

Address

For a family, this is the residential address. For a team or group, the address or area where you undertake your activity.

Postal address (if different to Main address)

Address

Phone number *

Must be an Australian phone number.

Email address *

This will be used for all correspondence.

Website

Must be a URL.

Can be your website or Social Media page.

Organisation Application

Please provide details of all the Applicants included in this Application.

Please list the full names and ages (if under 18 years) of all the Applicants included in this Application. Please also include any roles or relationships where relevant (eg. parent, coach). *

Optional: Please attach a group listing if you have a large number of names.

Attach a file:

Event Details

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* indicates a required field

Event Overview

Event Title *

What event are you attending? If a sporting event, please include the type of sport in the event name.

Please provide an outline of your event, including the activities to be undertaken. If applicable, advise the level for your event (ie. regional, state, national or international). If a sporting event, please detail which sport. *

Word count:
Must be at least 10 words.

State date *

End date *

Location of event *

Event Selection

Please advise how you were selected for this event. Be specific with activities, locations and time periods. *

Word count:
Must be at least 10 words.
This can include regional or state trials, knockout competitions, talent pool selection, invitation, etc.

Name of the relevant organisation, governing body or association which coordinated your selection? *

Please attach evidence to support your selection for this event. Please ensure evidence is attached for all applicants. *

Attach a file:

Preference is given to evidence provided by a governing body or association however a letter from the Club President or equivalent authorised person may be considered.

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Please demonstrate your need to represent the Town of Port Hedland local government area at this event. *

General Criteria

* indicates a required field

General Criteria

Does this event have community support? *

☐ Yes

☐ No

☐ Don't know

If yes, what evidence do you have for community support of this event?

Optional: Please upload letters of support.

Attach a file:

Please describe how your event considers access and inclusion principles.

Which of the following outcome/s from the Town of Port Hedland Strategic Community Plan 2022 - 2032 would this event achieve? *

- ☐ 1.1 A hardy, health and safe people
- ☐ 1.2 An inclusive and involved community
- ☐ 1.3 A unique, vibrant and diverse community lifestyle

Click [here](#) for a link to the Town of Port Hedland's Strategic Community Plan 2022 - 2032.

Previous Town of Port Hedland Support

Have you previously received a grant from the Town of Port Hedland? *

☐ Yes

☐ No

This includes grants received as an individual or part of a group.

Details of previous support

Please describe the previous grant support you have received from the Town of Port Hedland. Include the event, the year and the amount received. Please advise if you have any outstanding acquittals and the reason/s why. *

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Word count:
Must be at least 15 words.

Additional Supporting Documentation

If you have any further documentation to upload in relation to this grant Application, please include it at this section.

Describe the relevance for each document and how it supports your Application.

Please attach any additional documents here.

Attach a file:

Event Budget

* indicates a required field

Budget Overview

Please enter how much you are requesting from the Town of Port Hedland plus the total cost of your event. *[These numbers do not need to match.]*

Total Amount Requested *

\$

What is the total financial support you are requesting in this Application?

Total Event Cost *

\$

What is the total budgeted cost (dollars) of your event?

Budget Breakdown (GST exclusive)

Please outline your event budget in the income and expenditure tables below, including details of other funding you may applied for, whether it has been confirmed or not. All amounts should exclude GST.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns and include as much detail as possible. For expenditure items over \$500.00, excluding travel, please provide written evidence to support these costs.

Written evidence includes:

- - A screenshot of a text or email.

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- An estimate.
- Advertised price or formal quote.

To assist you with completing your budget:

- This section has a pre-filled line under Income - '**ToPH Community Champions Grant**' - please remember to include the grant amount for which you are applying.
- Return travel from Port Hedland to Perth, whether by air or by road, can be submitted for \$598.00 per person without the need for a written quote. This is based on the Regional Airfare Zone Cap price with the equivalent amount permitted for road travel. Please list this as '**Travel - Regional Capped**' if including it under Expenditure.

Use the 'Notes' column for any additional information of which you think we should be aware.

Your below budget **must** balance (Total Income Amount = Total Expenditure Amount). Please **do not add commas** to figures - eg. type \$1000 not \$1,000 - as this will ensure your figures for each table total correctly.

Please contact the Community Grants Officer on (08) 9158 9314 or grants@porthedland.wa.gov.au if you are unsure of how to complete your budget.

| Income Description | Confirmed Funding? | Income Amount | Notes |
|--------------------------------|--|---------------|------------------------|
| ToPH Community Champions Grant | Confirmed Unconfirmed Not Applicable | \$ | This grant application |
| | | \$ | |

| Expenditure Description | Expenditure Amount | Notes |
|-------------------------|--------------------|-------|
| | \$ | |
| | \$ | |

Budget Totals

These figures are automatically calculated based on your Income and Expenditure listed above.

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Event Cost Balance

\$

This number/amount is calculated.

Excluding travel, please attach supporting evidence for expenditure amounts over \$500.00.

Attach a file:

Optional: Please attach a copy of your budget.

Attach a file:

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If you are unable to complete the table or already have all your information in a document, attach it here and enter 'Budget Attached' with an amount of \$0.00 in the Income and Expenditure fields above.

Optional: Please provide any additional comments on the budget you have proposed.

Bank Details

* indicates a required field

Bank Information

Please provide your bank details into which the funds will be deposited should your Application be successful.

Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Bank Name *

Name of your bank (eg. CBA, NAB, ANZ).

Branch Address *

Suburb and state of your bank's branch.

Evidence of banking details *

Attach a file:

This can be a copy of a bank deposit slip, cheque or bank statement showing the bank logo, account name, BSB and account number – balances are not required. The Proof of Account (or similar) generated through online banking is not acceptable by the Town of Port Hedland for this purpose.

Acknowledgement of Funding

* indicates a required field

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Applicants are required to publicly acknowledge funding received from the Town of Port Hedland through the Community Champions Grant - this can be advertising, promotion and/or any media publicity associated with the event.

Please note the Town of Port Hedland may request additional acknowledgement conditions together with those detailed below.

Should your Application be successful, please outline how you intend to acknowledge the Town of Port Hedland's financial support for your event? *

Word count:

Must be at least 30 words.

Please be as specific as possible.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by the Applicant, or an appropriately authorised person on behalf of the Applicant (may be different to the Contact Person listed earlier in this Application form).

I certify, to the best of my knowledge, the statements made within this Application are true and correct.

By submitting this Application, I consent to the Town of Port Hedland publishing the Applicant's name, the project, event or activity description, and amount funded, in their publications as well as for use in promotion of the Town of Port Hedland's grant program.

I understand if the Applicant is approved for this Community Champions Grant, I/we will be required to accept the terms and conditions of the grant as outlined in the outcome letter.

I agree *

☐ Yes ☐ No

Name of authorised person *

First Name

Last Name

Relationship to Applicant or Role in Organisation *

Phone number *

Must be an Australian phone number.

Email address *

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Date *

Applicant Feedback

Thank you for taking the time to submit your Application for a Community Champions Grant.

You are nearing the end of the application process and, before you review your Application and click the **SUBMIT** button, we would really appreciate you taking a few moments to provide us with feedback.

Please indicate how you found the Community Champions Grant application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

Approximately how long did it take you to complete this Application? Include prep time as well as the online form.

Must be a whole number (no decimal place).

Estimate only in minutes.

Please provide your suggestions for any improvements to this application process and/or the form you think we need to consider. If you have any additional feedback regarding the Community Champions Grant program, please include that in your response too.