

2019 Annual Community Development Grant - Application Form

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the Town of Port Hedland - **Community Grants Program** and **Community Development Grant** guidelines: [Town of Port Hedland Guidelines](#)

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact grants@porthedland.wa.gov.au.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the above Community Grants Program and Community Development Grant guidelines
- Registered not-for-profit and incorporated (under Associations Incorporation Act 2015) or auspiced by an incorporated association for the purposes of this application
- Based in Town of Port Hedland local government area boundaries or providing ongoing services within this community
- is able to demonstrate alignment between their project and the aims of this annual grant
- is able to demonstrate financial viability and does not owe any reports or money to the Town of Port Hedland
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- have not exceeded the maximum value of this grant in the current financial year.
- are not a political party or undertaking activities or programs perceived as benefiting a political party or political campaign
- are not undertaking religious activities
- are not requesting a donation to a charity unless to conduct a fundraising activity

Please note that the successful applicant of the Community Development Grant will not be able to apply for a grant in the next two financial years. However, successful applicants are encouraged to apply for the Community Collaboration Grant in those two years.

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

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Contact Details

* indicates a required field

Privacy Notice

We pledge 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 statement, go to the [Town of Port Hedland Privacy Statement](#).

Applicant Organisation Details

Applicant organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Primary Address

Address

Applicant Postal Address

Address

Applicant website

Must be a URL

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

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Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Brief background of your organisation:

This could include: when did it start, what does it do, how many members etc.

Does your organisation have an ABN? *

☐ Yes

☐ No

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	
Tax Concessions	
Main business location	

Must be an ABN

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from here --> [the ATO](#).

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Please upload completed Statement of Supplier Form:

Attach a file:

Max 25mb

Is your organisation endorsed as a Deductible Gift Recipient (DGR)?

☐ Yes ☐ No

If you're unsure you can look up your DGR status at <http://abr.business.gov.au/AdvancedSearch.aspx>

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC)?

☐ Yes ☐ No

If you're unsure, you can check your registration at the ACNC website: <http://www.acnc.gov.au/>

What is your incorporation number?

Incorporated Association or Australian Corporation Number

What is your organisation's legal structure?

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Cooperative
- ☐ Company limited by guarantee
- ☐ Indigenous corporation, association or cooperative
- ☐ Organisation established through specific legislation
- ☐ Trust
- ☐ Unknown
- ☐ Other:

If your organisation is unincorporated it must have an auspice organisation

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant?

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.

If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

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Auspicing organisation's website

Must be a URL

Primary contact person at auspicing organisation *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Primary Address

Address

<input type="text"/>
<input type="text"/>

Auspice Postal Address

Address

<input type="text"/>
<input type="text"/>

Position held in organisation

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's back-up phone number

Contact person's email address *

Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Does the auspicing organisation have an Australian Business Number (ABN)? *

☐ Yes

☐ No

ABN of auspicing organisation

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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	
Tax Concessions	
Main business location	

Must be an ABN

As the auspicing organisation does not have an ABN, please submit a completed ATO Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form here: [Statement by a supplier - ATO form](#)

Please upload a completed Statement of Supplier form

Attach a file:

Max 25mb

Project/Event Details

* indicates a required field

Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Please provide a short summary of your initiative

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Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

Why is this project/ initiative/ event needed?

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek.

Here are the objectives of the Community Development Grant. Please select all relevant to your project/ event or activity:

- ☐ Increase community identity and connections
- ☐ Increase social inclusion
- ☐ Build innovative and effective responses to emerging community needs and social issues
- ☐ Increase the skills, knowledge and understanding within the community to respond to community issues and needs.
- ☐ 1.d Well utilised and valued community facilities and services
- ☐ 3.a A healthy natural environment

Describe how your project/ event / activity will meet the objectives you selected above:

What are the primary areas of focus for this project/program?

You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

Who are the expected primary beneficiaries of this project/program?

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

What outputs are you expecting to produce through this initiative?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of trees to be

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planted, the number of classes to be held, the number people expected to attend a training course, the number of possums to be treated for a disease, the number of volunteers to be engaged.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Number	Who or What	Service / Product / Activity	Timeframe
(Approximate, or leave blank if unknown)	e.g. Number of participants, parents; trainees; trees; possums; books	e.g. What is the Final product serviced? Trained in first aid; planted; provided treatment; delivered	e.g. over life of program; per annum; per month

Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing?

☐ Yes ☐ No ☐ Don't know ☐ Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support?

Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu7> if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)

Attach a file:

Examples could include evidence gathered from community surveys, recommendation or supporting letters or examples of community discussions in need of this service in town. Please note only a maximum of 5 files can be attached.

General Criteria

Could you describe how your project/ event/ activity considers access and inclusions principles?

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Please include if and how your project aims to either include or grow into an accessible program for everyone in the community to access no matter what age, background or ability. Examples could include, does your program use wheel-chair or scooter friendly venue spaces, are you engaging with minority groups and communities such as different ethnicities, language or disability groups?

Which of the following outcomes of the Town of Port Hedland Strategic Community Plan 2018-2028 would this project/ program achieve?

- ☐ 1.a A hardy, healthy and safe people
- ☐ 1.b An inclusive and involved community
- ☐ 1.c A unique, vibrant and diverse community lifestyle
- ☐ 1.d Well utilised and valued community facilities and services
- ☐ 3.a A healthy natural environment

Here is a link to the Town of Port Hedland's Strategic Community Plan: <https://www.porthedland.wa.gov.au/our-council/council/strategic-community-plan-2018-2028.aspx>

Previous support

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

- ☐ Yes
- ☐ No
- ☐ I don't know

Detail of previous support

Please describe the previous support you received from the Town of Port Hedland including the name of the activity, the year and the amount received.

Inputs (Budget)

* indicates a required field

The maximum value of the annual Community Development Grant is:

Up to \$10,000

Applications will be sought once a year and applicants will be advised of the outcome following a decision by Council.

PLEASE NOTE - Final council decision will not be made until at least 8 weeks after annual grant closure (30th April 2019). You will not be advised if your initiative is successful of this grant until it is presented at the Ordinary Council Meeting scheduled for the 26th June 2019. To avoid delays with advising annual grant outcome, event programming or marketing/

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Sponsor logo plans, please plan your event or program to be executed at least 10 weeks after the closure date.

The grants will be reviewed by a Panel formed by three or five officers. When necessary, the Panel will seek assistance from ToPH officers with relevant technical skills

The successful applicant will not be able to apply for a grant in the next two financial years. However, successful applicants are encouraged to apply for the Community Collaboration Grant in those two years.

Council may fund the full cost of a project, however applications which include contributions from the applicant are encouraged and will have a higher priority than those that seek 100% of project costs. The applicant's contribution may be cash, other funding assistance, or 'in-kind' e.g. voluntary labour or materials. Applications that have funds and/or sponsorship from other organisations will be highly regarded.

Total Amount Requested

\$

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

Total Project/Program Cost

\$

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

Budget (GST exclusive)

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

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

WHAT IS COVERED BY THIS GRANT -

The grant will cover costs directly related to project delivery including:

- Equipment/venue hire
- Publication costs of materials produced through the project
- Resource materials
- Publicity, communications, and marketing costs
- Facilitation or other workshop related costs
- Public Liability Insurance costs associated to the activity
- Volunteer support costs
- Travel and accommodation when benefits Port Hedland community members or organisations. (Eg. Flying a Facilitator to deliver group training from Perth to Port Hedland for the week and support the local Hedland economy rather than sending staff/members to Perth to receive training, etc.)

WHAT IS NOT COVERED BY THIS GRANT -

- Operational costs (new clubs and organisations seeking funds to assist their establishment are encouraged to apply for the Seed Funding Grant)
- Administration fees over 10% of total cost of activity/project.

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

For expense items over \$500, one written estimate, advertised price or written quote will need to be provided in the file upload area below the tables.

Two written quotes are required for items over \$5,000.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Income Description Table	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	

Expenditure Description Table	Expenditure Amount (\$)	Notes
	\$	

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Please attach quotes for those expenditure (cost) items over {{ \$500 }}

Attach a file:

For expense items over \$500, one written estimate, advertised price or written quote will need to be provided. Two written quotes are required for items over \$5,000. Please note only 5 total attachments can be uploaded for this application.

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OPTIONAL: If you have one and willing to share, please feel free to also upload your project estimated Income/Expenditure sheet in a PDF file format below:

Attach a file:

It is an optional choice to upload your organisation's projected Income/Expenditure sheet outlining total project costs and what costs you wish for the Annual Grant to contribute towards if your application is indeed successful.

Please indicate that you are aware that all Town of Port Hedland Annual Community Grants reviewed will have to await for approval by a decision at Council at the Ordinary Council Meeting currently scheduled to take place on the 26th June 2019? *

☐ Yes, I myself/or the organisation I may be representation are aware of the minimum 8 week waiting period after official closure of this grant on the 30th April 2019. The final decision of this TOPH Annual Grant are to be made by elected members of the council at the June Ordinary Council Meeting. After final decision, I will then be advised of the final outcome of this application for my initiative.

The Annual Community Development Grant closes for all applications at midnight on Tuesday, 30th April 2019. The final decision and annual grant approval will then will be discussed and presented at the TOPH Ordinary Council Meeting (OCM) which is currently scheduled for Wednesday, June 26th 2019. Applicants are more than welcome to attend or tune into the June OCM via attending or watching via LIVE video on the Town of Port Hedland facebook page. You will not be able to find out the grant outcome until this meeting has taken place.

Payment

* indicates a required field

Bank Details

Provide banking details for funds to be deposited into, should your application be successful.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Applicant Capacity

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.

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Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

To help us assess your application, we may request a copy of your Annual Report or Financial Statements. Are you able to provide this if requested?

- ☐ Yes
☐ No
☐ Other:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

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Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

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

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.