

Community Champions 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 Grants Program overview](#) and [Community Champions Grant](#) guidelines.

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

Important points:

- **Incomplete applications and/or applications received less than 6 (six) weeks prior to the event date (without an exemption) will not be considered.**
- **Groups travelling together must apply as a group application.**

If your event is in less than 6 (six) weeks or you have any questions in regards to these eligibility criteria, please contact grants@porthedland.wa.gov.au to discuss your application prior to applying.

Confirmation of Eligibility

I confirm the applicant:

- has read and understands the Community Champions grant guidelines.
- the individual or team resides in the Town of Port Hedland Local Government Area - if you are unsure, visit this [link](#).
- is an individual or team who is representing the Town of Port Hedland Local Government Area.
- has been selected by a recognised State or National body and a letter of selection for verification can be provided.
- does not owe any acquittals or money to the Town of Port Hedland.
- has the appropriate type and level of insurance for the activities which are the subject of this grant.
- has 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.
- is not undertaking religious activities.

I confirm this application is being lodged at least 6 (six) weeks before my proposed event.

OR

My event occurs in less than 6 (six) weeks and I confirm I have received an exemption to lodge this application.

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](#).

Individual or Group/ Application?

- ☐ Single Applicant
☐ Group Application
☐ Other

Please indicate number of applicants

Applicant *

☐ Individual ☐ Organisation
Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Age of Applicant

Primary contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with in relation to this grant. This could be the applicant, the parent or guardian or the key contact when there are multiple applicants.

Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Email Contact *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Website

Must be a URL.

Group Application

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Please list the full names, contact details (phone or email) and age of all applicants in the space below:

Organisation Details

* indicates a required field

Brief background of your organisation: *

Must be at least 15 characters.

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 [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

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

- ☐ Yes ☐ No

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

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

Auspicing organisation's website

Primary contact person at auspicing organisation *

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Title First Name Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Primary Address

Address

Auspice Postal Address

Address

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

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

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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 from: [Statement by a supplier - ATO form](#)

Please upload a completed Statement of Supplier form

Attach a file:

Event, Competition or Conference Details

* indicates a required field

Event, Competition or Conference Title *

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

Anticipated start date *

Application must be submitted at least 6 (six) weeks prior to the proposed event.

Anticipated end date

If unknown, provide your best guess or leave blank

Event Location *

Please state how you or your team were selected for representation? *

Word count:

Must be at least 10 words.

Examples can include regional or state trials trials, knockout competition, talent pool selection, accumulated competition points, etc.

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Name of relevant organisation, governing body or State/National sporting association that coordinated your selection? *

Please provide evidence of selection from the relevant organisation, governing body or State/National sporting association mentioned above *

Attach a file:

A letter from the club president may be considered where no governing body exists

Community Champions funding 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, National or International event, competition or conference.

Please provide a short summary of your event, competition or conference. *

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.

Please demonstrate your need to represent the Town of Port Hedland Local Government Area in this event, competition or conference. *

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

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 evidence do you have this event, competition or conference 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:

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A maximum of 5 files can be attached

General Criteria

Could you describe how your event, competition or conference considers access and inclusions principles?

Which of the following outcomes from the Town of Port Hedland Strategic Community Plan 2022 - 2032 would this event, competition or conference achieve?

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

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

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 including the name of the activity, the year and the amount received. Please also advise if you have any outstanding acquittals and the reason/s why.

Inputs (Budget)

* indicates a required field

Total Amount Requested

*

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

Total Event /Program Cost *

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

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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'.

This grant will cover costs associated with:

Flights, accommodation, and fees to allow applicants to attend a competition, event or conference.

What will not be funded

Retrospective costs / activities that have already commenced prior to the grant application submission.

Participation in commercial based activities.

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.

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

Expenditure Description	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.

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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.

Applicant Capacity

* indicates a required field

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

Bank Details

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

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank Name & Branch Name

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 for this purpose.

Acknowledgement of funding

Should your application be successful, please outline how you will acknowledge the Town's financial support? *

Word count:

Must be at least 10 words.

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Applicants are required to publicly acknowledge funding received from the Town through this Community Champions Grant – this can be advertising, promotion or any media publicity associated with the event, competition or conference.

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.

I understand if the applicant is approved for this grant, I/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.

Relationship to Applicant or Position in Organisation *

Contact phone number *

Must be an Australian phone number.

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

Contact Email *

Must be an email address.

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

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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.