ToPH Community Partnership Grant Application Form
Form Preview

Eligibility

* indicates a required field

Applicants for the Community Partnership Grant guidelines, please note the following...

Before completing this application form please ensure that you have read the Community Partnership Guidelines.

Incomplete applications will not be considered.

The next section below titled "**Confirmation of Eligibility**" of the application form is designed to help you, and us, understand if you are eligible for this grant.

If you have any questions in regards to the grant's eligibility criteria, please contact us on (08) 9158 9300 during business hours or email your questions through to grants@porthedland.wa.gov.au and quote your application number.

Confirmation of Eligibility

The proposed events, activities and programs should:

- Drive community and social outcomes to enhance the quality of life in local communities
- Contribute to the community, arts, cultural and sporting events
- Drive future growth and sustainability of local events, activities and programs
- Improve the capacity and wellbeing of community with a focus on youth, Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse people, older persons and access and inclusion.

For this application to be considered eligible, it should:

- Benefit or service the Town of Port Hedland community
- Align with one or more of the above grant priorities
- NOT have received financial support through another funding program from the Town within the same financial year
- Be recognised as a not-for-profit, incorporated body or a registered charity with the Australian Charities and Not-for-Profits Commission or auspiced by one
- Provide proof of public liability insurance to $10m, current at the time the initiative is taking place. If your organisation does not have insurance, another insured organisation can auspice the application.

I confirm that I have read the Community Partnership Grant guidelines and meet the eligibility criteria. *
○ Yes   ○ No
You must confirm that all statements above are true and correct

Contact Details

ToPH Community Partnership Grant Application Form

Form Preview

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

Business 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

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

Applicant Postal Address

Address

If different from above

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. Owner, Manager, Board Member, Fundraising Coordinator

Primary 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.

Do you have any conflict of interest to declare? if so, please state below:

Are you an employee or elected member of the Town, or their immediate family? (however this does not include an application from an organisation that an employee, elected member or their immediate family member may be apart of)

Organisation Details

* indicates a required field

Please provide a brief description of your organisation *

Word count:
Must be at least 20 characters.
This could include: services offered,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

If 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. You will not be able to proceed with this application without this Statement of Supplier Form.

Please upload completed Statement of Supplier Form:
Attach a file:

Max 25mb

What is your organisation's legal structure? *
○   Unincorporated association
○   Incorporated association
○   Company limited by guarantee
○   Trust
○   Cooperative
○   Indigenous corporation, association or cooperative
○   Organisation established through specific legislation
○   Unknown
If your organisation is unincorporated it must have an auspice organisation

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC?) *
☐   Yes ☐   No

Is your organisation endorsed as a Deductible Gift Recipient (DGR)?
☐   Yes ☐   No

Does your organisation have an incorporation number? *
☐   Yes ☐   No ☐   Unsure

What is your incorporation number?

Incorporated Association or Australian Corporation Number

Please provide evidence of your legal status
Attach a file:

Auspice Information

Auspice Information

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

ToPH Community Partnership Grant Application Form
Form Preview

Please answer 'Yes' or 'No'. If 'No'. please go directly to Project Details.

Auspice Organisation Details

Auspice

○ Individual   ○ Organisation

Organisation Name

Title   First Name   Last Name

Auspice 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.

If 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:

Primary contact person's position:

Auspice Primary Address
Address

Contact person's primary phone number:

Must be an Australian phone number.

Contact person's email address:

Must be an email address.

Auspice Primary Website

Must be a URL.

Auspice Primary Bank Account
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current
Attach a file:

Project Details

* indicates a required field

Project title: *

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

Please provide the address/location within the Town of Port Hedland boundary area where your project/event will be based *

Only applications from a recognised not-for-profit, incorporated body or a registered charity with the Australian Charities and Not-for-Profits Commission or auspiced by one permanently operating in Port Hedland and will be of benefit the local community will be accepted and considered for this grant.

Please provide a detailed overview of your project *

Word count:
Must be no more than 1000 words.

Project Timelines

Please provide a plan on the delivery of your project including dates and timelines *

Optional - Please provide evidence of the project plan and/or timeline.
Attach a file:

Local Impact

Please describe how this project will benefit the Hedland community? *

Diversity and Inclusion

Please explain how the proposed project demonstrates an inclusive and accessible approach as per the grant guidleines *

Word count:
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 age groups? Please visit the Town's Access and Inclusion page for further details here: https://www.porthedland.wa.gov.au/our-community/community/access-and-inclusion.aspx

Optional - Please provide evidence of how the project will promote diversity and inclusion
Attach a file:

Project Risk Assessment

Please describe your capacity to deliver the project? *

Grant Objectives Alignment

The proposed events, activities and programs should:

- Drive community and social outcomes to enhance the quality of life in local communities
- Contribute to the community, arts, cultural and sporting events
- Drive future growth and sustainability of local events, activities and programs
- Improve the capacity and wellbeing of community with a focus on youth, Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse people, older persons and access and Inclusion.

Please describe your event/ project aligns with the grant outcomes, listed above *

Please demonstrate community support for this project *

Optional - Please provide evidence showing grant alignment or community support
Attach a file:

Previous support

Have you previously received Town of Port Hedland funding? *
○ 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.

Word count:
Must be at least 20 characters.
Please include what year and how much did you recieive from the Town of Port Hedland in the past.

Do you have any further documentation to upload in relation to your grant application? Please feel free to attach any digital document here.
Attach a file:

Budget

* indicates a required field

Total Amount Requested: *

$

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

Total Project Cost: *

$

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

Budget Breakdown - Income Table

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'.

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 include any further information such as reason for grant application/progress notes in the "Any Notes" section.

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

Expenditure Table

Please list what expenditure (Products, Invoices, services) that are required for your project, especially what the Business Development Grant funds will be used to cover.

Please include as much detail as possible in the notes as possible and ensure you back up your expenditures list below by including DIGITAL PROOF in the upload section below (Section 6). Digital proof can be a quote, invoice or screenshot of the product/service.

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

If you have multiple expenses of small amounts, please list them each individually and click the "ADD MORE" button in the right corner to add in more table lines.

An example of using the below table could be something similar to this:

Expenditure   Expenditure Amount:
            Notes:

Professional Webcam from Harvey Norman $299.00

My business requires a professional

Webcam to record tutorials, stay in contact with

customers/suppliers, zoom meetings, etc.

Expenditure Description	Expenditure Amount ($)	Notes
	$	
	$	
	$	

Budget Totals

Total Income Amount	**Total Expenditure Amount**	**Income - Expenditure**
$	$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Expenditure quotation

For expenditure items $0 - $499 - no

For expenditure items $500 - $4,999, **one piece of written evidence** is required.

For expenditure items $5,000+, **two pieces of written evidence** is required.

Written evidence includes:

- screenshot of a text or email
- an estimate
- advertised price or written formal quote

Please attach quotes for expenditure that require written evidence.
Attach a file:

Please note only 5 total attachments can be uploaded for this application.

Optional - income/expenditure sheet

If preferred, upload your project's estimated Income/Expenditure sheet in a PDF file format below:
Attach a file:

Bank Details

indicates a required field

Bank Details for Payment

Provide banking details and evidence of your account for funds to be deposited into, should your application be successful.

Bank & Branch Name

Bank Account

Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

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 would acknowledge the Town's financial support? *

Applicants are to acknowledge the Town, through means such as advertising, promotion and any media publicity associated with any project, event or initiative.

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.

ToPH Community Partnership Grant Application Form

Form Preview

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.

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

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

Word count:
Please feel free to contact the Town of Port Hedland community engagement team on 08 9158 9781 or email grants@porthedland.wa.gov.au if you have any further ideas or questions.