

ToPH Placemaking Grant: Community Led - Application Form Preview

Information for Applicants

Before you begin

Thank you for your interest in applying for a Placemaking Grant: Community-Led.

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 Placemaking Grant: Community-Led 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 Placemaking Grant: Community-Led

Placemaking is the process of transforming public spaces into engaging, attractive and functional places where residents can connect, participate and thrive. The Town of Port Hedland is committed to creating vibrant, inclusive and sustainable communities through placemaking initiatives.

The Placemaking grant encourages visitation, increase beautification and activation of the streetscape and builds stronger connections between community and place. The grant supports business-led and community-led initiatives to encourage local communities, organisations and businesses to lead the revitalisation of public spaces.

The Placemaking Grant: Community-Led supports projects that will enhance the public realm through community-led beautification and activation of public spaces. This stream aims to build stronger links between the place and community.

The Placemaking Grant: Community-Led has a maximum of 50% of the project costs, up a the limit of \$10,000 per application.

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

- **Project** will have the same meaning as activity, program or similar.

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](#)
- [Placemaking Grants guidelines](#)
- [Town of Port Hedland Economic Development and Tourism Strategy 2021](#)
- [Town of Port Hedland Strategic Community Plan 2022 - 2032](#)
- [Town of Port Hedland Access and Inclusion Plan 2023 - 2026](#)

Important Point

Applications received **less than eight (8) weeks** prior to the proposed project date will not be considered unless an **exemption** has been requested and approved. *We encourage*

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applicants to lodge at least 3 (three) months prior to the project date to ensure sufficient processing time.

Documents and information you will require for this application

Questions in this application may request the following:

- Contact details for the Applicant including authorised person.
- ABN.
- Business information.
- Auspice information and confirmation.
- Project details including budget and timeline.
- Alignment with the Economic Development and Tourism Strategy 2021.
- Alignment with the Strategic Community Plan 2022 - 2032.
- Previous support from the Town of Port Hedland.
- Quotes or evidence of cost for items over \$500.00.
- Bank details (including proof).
- 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*

Project Eligibility

For a project to be considered **eligible** for funding, it should:

- Be designed to engage the local community and activate spaces, including ground floor tenancies and streetscapes.
- Create an inclusive and accessible space to encourage increased patronage and visitors to the space.
- Enhance the aesthetic appeal of a publicly accessible space.
- Encourage more people to visit, invest, live, work, play and spend time in a place.
- Project materials and equipment essential to the project, including freight costs.
- Venue hire, where this is not an approved in-kind contribution of the Town.

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- Contracted labour costs, performers and/or artists fees including travel and accommodation where there is no local suitable option.
- Publicity, marketing and communications costs.
- Catering when incorporated into a community building project and where it does not exceed 5% of total budget.
- Administration fees where it does not exceed 10% of the total budget.
- Public liability insurance costs associated with the project.
- Be able to be delivered to a high standard within 12 months of date of approval.
- Be located in the Town of Port Hedland's boundaries.
- Demonstrate alignment with the Town of Port Hedland's strategic priorities, projects, and objectives.

The following projects or costs are **ineligible** for funding under the Placemaking Grant: Community-Led:

- Are not accessible for public attendance or restrict public attendance, including any private or invitation only events.
- Do not demonstrate substantial benefits to the improvement of local services available to residents, businesses and/or visitors to Port Hedland.
- Do not demonstrate the activation and/or beautification of public spaces.
- Are directly related the resource industry (unless substantial local community benefits can be demonstrated).
- Are inconsistent with the values of the Town of Port Hedland.
- Are covered by other grants offered by the Town.
- Purchase, supply or licensing of alcohol.
- Operational costs of the local business or organisation.
- Administration fees over 10% of the total cost of the project.
- Fundraising events.
- Projects which are solely for the benefit of an individual or business.
- Events where the purpose does not meet the objective of this grant.

Applicant Eligibility

For the applicant to be considered eligible for funding, they should:

- Have a project or idea which may require funding.
- Be a registered not-for-profit* and incorporated (under Associations Incorporation Act 2015) or auspiced by an incorporated association, which does not hold a contract that financially benefits the incorporated association.
- Community group or individual that can be auspiced by an incorporated association**.
- Not have received Town of Port Hedland funding within the current financial year.

** School or learning institution may apply only where the project is not curriculum based, or where the activity or benefit is not confined to the learning institution but is for the primary benefit of the wider community.** Where an organisation holds an existing financially beneficial contract with the Town, the funding cannot be used to supplement the implementation of these contracts.*

The Town of Port Hedland will **not** consider Applicants who:

- Are not based or do not operate within the Town of Port Hedland's boundaries
- Have not finalised acquittal requirements for previous funding.

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- Have an existing contract in which you receive other forms of funding from the Town of Port Hedland.
- Have overdue or outstanding debts to the Town of Port Hedland, including unacquitted grant funding.
- Are a government agency or department, or political party.
- Are an employee or elected member of the Town of Port Hedland, 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 a part of.

Lodgement Eligibility

Important: Your application will be **declined** if you are lodging it less than eight (8) weeks prior to the project 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 eight (8) weeks prior to the proposed project.
- ☐ The project occurs in less than eight (8) 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 I have read the Placemaking Grant: Community-Led guidelines and meet the eligibility requirements. *

- ☐ Yes
- ☐ No

Guidelines and eligibility requirements can be found [here](#).

Assessing your application

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The Town of Port Hedland will assess your application to the extent you address the following criteria:

- Local Impact:
 - Economic and community impacts
 - The potential impact of the project on the target population and wider community.
 - Sustainability:
 - The long-term sustainability of the project, where a permanent project.
 - Access and Inclusion:
 - Public access:
 - Proposed project demonstrates an inclusive and accessible approach in terms of programming and audience engagement.
- Risks:
 - Capacity for the applicant to deliver the project.
 - Current or future risks to sustainability of the applicant and/or the project.
 - Risks to the Towns reputation for supporting the project.
- Strategic Alignment:
 - Alignment to the Towns strategic priorities, projects, and objectives.
 - Community support for the project.
- Application:
 - Completeness and comprehensiveness of the application.

Applicant Details

* indicates a required field

Contact Information

Business Name *

Organisation Name

This is the name listed in official documentation.

Primary address

Address

Postal address

Address

Phone number *

Must be an Australian phone number.

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Email address *

This will be used for all correspondence.

Website

Must be a URL. Can be your website or Social Media page.

Contact Person *

First Name

Last Name

Position held in Organisation ***Phone number (if different to Organisation phone number)**

Must be an Australian phone number.

Email address (if different to Organisation email address)

Must be an email address.

Do you have any conflict of interest to declare? If so, please outline below. *

Are you an employee or elected member of the Town, or their immediate family? (This does not include an application from an organisation that an employee, elected member or their immediate family member may be a part of.)

Organisation Details

* indicates a required field

ABN Confirmation

Does your organisation have an ABN? *

- ☐ Yes
☐ No

ABN Details

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

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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

Organisation Description

Please provide a brief description of your organisation *

Word count:

Must be at least 50 words.

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

Legal Structure

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.

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

What is your incorporation number?

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I am partnering with a registered organisation and applying for the Placemaking Grant: Community-Led under an auspice arrangement. *

- ☐ 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.

Legal Status

Please provide evidence of your legal status

Attach a file:

Auspice Information

* indicates a required field

Auspice Confirmation

I confirm my Organisation is being auspiced by another organisation for the purpose of this Placemaking Grant: Community-Led? *

- ☐ Yes
☐ No

Auspice Organisation Details

Auspice Business Name *

Organisation Name

This is the name listed in official documentation with the ABR, ACNC or ATO.

Auspice Primary address

Address

Auspice Postal address

Address

Auspice Phone number *

Must be an Australian phone number.

Auspice Email address *

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Auspice website

Must be a URL.

Can be your website or Social Media page.

Contact Person at Auspice Organisation *

First Name

Last Name

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

Position held in Organisation *

Phone number (if different to Auspice Organisation phone number)

Must be an Australian phone number.

Email address (if different to Auspice Organisation email address)

Must be an email address.

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

This must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include name, position, signature and date

Does the Auspice Organisation have an ABN? *

☐ Yes

☐ No

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)	

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

Project Details

* indicates a required field

Project Overview

Project Title *

Provide a name for your project - keep it short but descriptive

Please provide the address or location where your project will be conducted or operating from. *

Must be within the Town of Port Hedland local government area.

Please provide a detailed overview of your project. Include your plan for delivery of the project (including dates and timelines), who will be involved and the need for funding from Placemaking Grant: Community-Led. *

Please attach your project plan and timeline documents which support the information outlined in the above point. *

Attach a file:

Other Funding

The Town requires you to clearly justify as to why funding is required from the Placemaking Grant: Community-Led.

Please demonstrate which other funding options have been explored, detailing the outcomes and/or why it is not an option for this project.

Funding from Personal/Company savings: *

- ☐ Yes
☐ No

Please explain your response to 'Funding from Personal/Company Savings'. *

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Loan/Financing *

- ☐ Yes
☐ No

Please explain your response to 'Loan/Financing'. *

Grant Funding (other than this grant application) *

- ☐ Yes
☐ No

Please explain your response to 'Grant Funding'. *

Optional: Please attach your document detailing the above if you have insufficient space.

Attach a file:

Risk Assessment

Please describe your capacity to deliver the project, including any potential risks and how they will be managed. Please also include any current or future risks to the sustainability of this project. *

Please describe your risk management strategies or plan for the actual project. Please also include any current or future risks to the sustainability of this project. *

Optional: Please attach your risk assessment document if you have one already prepared or have insufficient space.

Attach a file:

General Criteria

*** indicates a required field**

Strategic Alignment

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Please demonstrate how your project aligns with the Town of Port Hedland's strategic priorities and objectives? *

Click [here](#) for a link to the Town of Port Hedland's Economic Development and Tourism Strategy 2021 and [here](#) for the Strategic Community Plan 2022 - 2032.

Optional: Please attach your strategic alignment document if you have one already prepared or have insufficient space.

Attach a file:

Community Support

Please outline the demonstrated community support for this project. *

Optional: Please attach your community support document if you have one already prepared or have insufficient space. Please also include any letters of support received from the community.

Attach a file:

Community Impact

Please demonstrate the potential impact of the project on the target population and wider community. *

Optional: Please attach your community impact document if you have one already prepared or have insufficient space.

Attach a file:

Sustainability

Please detail the long-term sustainability of the project (where a permanent project). Please also detail the potential for replication or scaling up of the project without long-term funding from the Town (if applicable). *

Optional: Please attach your sustainability document if you have one already prepared or have insufficient space.

Attach a file:

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Access and Inclusion

Please demonstrate how your proposed project demonstrates an inclusive and accessible approach in terms of programming and audience engagement. *

Optional: Please attach your access and inclusion document if you have one already prepared or have insufficient space.

Attach a file:

Previous Town of Port Hedland Support

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Details of previous support

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

Word count:
Must be at least 20 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:

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Project Budget

* indicates a required field

Budget Overview

Where a project includes capital works, Applicants are required to contribute at **least 50%** of the project's capital requirements.

- This can include contributions by third parties, such as other grant funding received. *(Note: If your Town of Port Hedland grant is awarded, payment will be conditional upon any other co-contribution being confirmed.)*
- The Town of Port Hedland will not recognise:
 - Any retrospective payments made towards the project as a contribution towards the required amount of capital.
 - 'In Kind' contributions.

The Town of Port Hedland will favourably consider applications which demonstrate a capital contribution of more than 50%.

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 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**, written evidence is required to support these costs as below:

- \$500.00 - \$4,999.99: one piece of written evidence.
- \$5,000.00 and above - two pieces of written evidence or an explanation as to why two quotes can not be sourced (eg. one supplier of specialised goods, etc).

Written evidence includes:

- - A screenshot of a text or email.
 - An estimate.
 - Advertised price or formal quote.

To assist you with completing your budget, this section has a pre-filled line under Income - **'ToPH Placemaking Grant: Community-Led'** - please remember to include the grant amount for which you are applying.

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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 Placemaking Grant: Community-Led	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.

Income - Expenditure

This number/amount is calculated.

Please attach supporting evidence for expenditure amounts over \$500.00.

Attach a file:

Optional: Please attach a copy of your project's budget.

Attach a file:

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.

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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.

If this application is being auspiced, please provide the bank details of the Auspicing Organisation.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank Name *

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

Branch Address *

Suburb and state of the 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

Applicants are required to publicly acknowledge funding received from the Town of Port Hedland through the Placemaking Grant: Community-Led – 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.

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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 our 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 grant, I/we will be required to accept the terms and conditions as outlined in the grant agreement.

I agree *

☐ Yes

☐ No

Name of authorised person *

First Name

Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer.

Position held in Organisation *

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

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Date *

Must be a date

Applicant Feedback

Thank you for taking the time to submit your Placemaking Grant: Community-Led application.

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 Placemaking Grant: Community-Led 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.

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 Placemaking Grant: Community-Led program, please include that in your response too.