Eligibility

* indicates a required field

Applicants for the Placemaking Business- Led stream, please note the following...

Before completing this application form please ensure that you have read the Placemaking Guidelines and that you have contacted the Town's Placemaking uni to discuss your project.

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 9781 during business hours or email your questions through to grants@porthedland.wa.gov.au and quote your application number.

Confirmation of Eligibility

Applicant eligibility

The applicant to be considered eligible for funding, it should:

- I have a project idea that may require funding
- I'm able to demonstrate compliance with relevant laws, trading requirements and standards
- the business entity is based in Port Hedland local government area
- I have not received Town of Port Hedland funding within the current financial year

Project eligibility

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

- is designed to engage the local community and activate spaces, including ground floor tenancies and streetscapes
- can demonstrate alignment to economic development or enhanced quality of place
- create an inclusive and accessible space to encourage increased patronage and visitors to the space
- enhance the aesthetic appeal of a publicly accessible space, including streetscapes
- encourage more people to visit, invest, live, work, play and spend time in a place
- be able to be delivered to a high standard within 12 months of date of approval
- aligns with the Town of Port Hedland's strategic priorities, projects, and objectives
- does not have any overdue or outstanding debts to Council, including unacquitted grant funding

I confirm that I have read the Placemaking Grants - Business-led stream and meet the eligibility criteria. *

O Yes O No You must confirm that all statements above are true and correct

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles (APPs</u>) 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 <u>Town of Port Hedland Privacy Statement.</u>

Applicant Organisation Details

Business Name * Organisation Name

Please use your organisations 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, Postcode, and Country are required.

Applicant Postal Address

Address

Applicant website

Must be a URL

Primary contact person * Title First Name Last Name

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

Brief description of your Business: *

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? *

 \bigcirc Yes

O 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 Bus	iness 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 <u>the ATO</u>. 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? *

- A Sole Trader
- Partnership
- Company
- O Trust

 \odot An Unincorporated association (Club) - If you are an unincorporated club, you are only eligible to apply for this grant under an auspice arrangement.

- Incorporated association (Inc.)
- Cooperative
- Company limited by guarantee
- Indigenous corporation, association or cooperative
- O Organisation established through specific legislation
- O Unknown

If your organisation is unincorporated it must have an auspice organisation

Please provide evidence of your legal status

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 within the Town of Port Hedland boundary area where your project will be operating from:

TOPH Placemaking Grants - Business-led stream Application Form Form Preview

Only applications from registered local not-for-profit organisations, for profit organisations or businesses permanently operating in Port Hedland and will be of benefit the local community will be accepted and considered for this grant.

Please provide a short summary of your project below: *

Word count:

Must be no more than 150 words.

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 Centres Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1 if you need some ideas about how to frame your response.

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 the potential economic and community impact of the project on the target population and wider community *

Optional - Please provide evidence of the project's proposed local impact Attach a file:

Diversity and Inclusion

Please explain how the proposed project demonstrates an inclusive and accessible approach in terms of of programming and audience engagement? *

Word count:

Community support can include Social media/Facebook comments, support letters, committee recommendations, etc. PleaseGo to the Funding Centres Answers Bank at <u>https://www.fundingcentre.com.au/answersbank#Qu7</u> if you need more ideas about how to frame your response.

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? *

Strategic Alignment

Please describe your project's alignment to the Town's strategic priorities, projects, and objectives *

Please demonstrate community support for this project *

Optional - Please provide evidence of the strategic alignment and community support

Attach a file:

Previous support

Have you previously recieved or been denied Town of Port Hedland funding for the same project? *

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

Co-contribution

Where the project includes capital works, applicants are required to contribute at least 50% to the total project capital works costs. This can include contributions by third parties, such as other grant funding received.

The Town will not recognise any retrospective payments made towards the project as a contribution towards the required amount of capital.

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

Total Amount Requested: *	\$	
	What is the total financia application?	l support you are requesting in this
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 Notes: Expenditure Amount:

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		
\$		
This number/amount is		
calculated.		

Total Expenditure Amount		
\$		
This number/amount is		
calculated.		

Income - E	xpenditure
------------	------------

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:

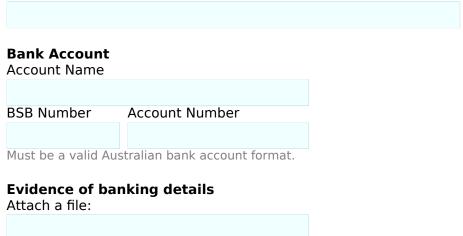
Bank Details

* 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



First page of account statement without showing the the account balance

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.

l agree *	⊖ Yes		⊖ No	
Name of authorised person *	Title Must be a s authorised	First Name senior staff member volunteer	Last Name , board member or a	appropriately
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 d	date		

Applicant Feedback

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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:O Very easyO EasyO NeutralO DifficultO 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.