

ToPH Placemaking Grant: Community-Led Stream Application Form

Form Preview

Eligibility

* indicates a required field

Applicants for the Placemaking Community- 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 unit 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

I confirm that the applicant;

- is a registered non-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 or
- a community group or individual that can be auspiced by an incorporated association and,
- have not received Town of Port Hedland funding within the current financial year for the proposed project.

Project Eligibility

- it should be designed to engage the local community and activate spaces, including ground floor tenancies and streetscapes
- it creates an inclusive and accessible space to encourage increased patronage and visitors to the space
- enhances the aesthetic appeal of a publicly accessible space
- 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
- contracted labor 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
- is located in the Town of Port Hedland Local Government area

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- demonstrates alignment with the Town of Port Hedland's strategic priorities, projects, and objectives

I confirm that I have read the Placemaking Community-Led stream guidelines and I confirm that this application meets the eligibility criteria *

Yes No

You must confirm if 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 [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 Details

Name

Individual Organisation

Organisation Name

Title First Name Last Name

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

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

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

Applicant Postal Address

Address

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

Applicant website

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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

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 *

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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

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? *

- Individual Community Members / Group of Community Members (No ABN)
- Unincorporated association
- Incorporated association
- Cooperative
- Incorporated association (Inc.)
- 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

If you're applying as a FOR-PROFIT BUSINESS or entity...

for for-profit businesses, please upload a copy of your other registry Documentation (Australian Business Name (ABN) Registration documentation, etc.):

Attach a file:

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If you're a FOR-PROFIT Business, please provide proof of your Australian Business Name (ABN Certificate) which is available by search of business name or ABN Number in the following link: <https://abr.business.gov.au/nd/or> registered Australian business to meet eligibility criteria for the Business and Tourism Innovation Grant. You can find more information on what this documentation should entail in the following link here - <https://asic.gov.au/online-services/search-asics-registers/documents/>

If you're applying as a INCORPORATED not-for-profit organisation/ community group...

What is your incorporation number?

Incorporated Association or Australian Corporation Number

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/>

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>

If available, please upload a copy of the hosting organisations 'Certificate of Incorporation' (under Associations Incorporation Act 2015):

Attach a file:

If you're a Not-for-Profit, you need to provide proof that your organisation is incorporated and/or registered Australian business to meet eligibility criteria for the Business and Tourism Innovation Grant. You can find more information on what this documentation should entail in the following link here - <https://asic.gov.au/online-services/search-asics-registers/documents/>

Project Details

* indicates a required field

Your 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 business, event, program or other initiative will be operating from:

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

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Please provide a short summary of your idea/project/initiative below: *

Must be at least 10 characters.

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

Please provide evidence of other options explored (if any)

Attach a file:

Project Timelines

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

Please provide evidence of the project plan/ timelines

Attach a file:

Local Impact

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

Diversity and Inclusion

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

Word count:

Must be at least 10 characters.

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

If you have any, please feel free to upload digital documents (A Letter/PDF file, WORD Doc, Screenshot of Facebook comments, etc.) 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.

Project Risk Assessment

Please describe your capacity to deliver the project?

Please describe any current or future risks to the sustainability of this application?

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 showing strategic alignment and /or 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

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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 receive 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

The Town will favourably consider applications that 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 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.

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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
 \$
 This number/amount is calculated.

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

Income - Expenditure

 This number/amount is calculated.

WRITTEN EVIDENCE UPLOAD:

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Any Expenses listed above that is valued over \$500 - one written quote is required

For expense items over \$500, **one piece of written evidence** is required. This could be a screenshot of a text or email, an estimate, advertised price or written formal quote, this is required for finance purposes.

If the cost of an items are valued over \$5,000.00 than two pieces of written evidence/quotes are required.

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

Attach a file:

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

OPTIONAL:

If you have one, 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 organisations projected Income/Expenditure sheet outlining total project costs and what costs you wish for this grant to contribute towards if your application is indeed successful.

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:

First page of account statement without showing the the account balance

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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.

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

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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:

- 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.