

Space Activation Grant (Application Form)

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Space Activation Grant** guidelines: [Town of Port Hedland Guidelines](#)

Incomplete applications will not be considered.

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

If you have any questions in regards to these eligibility criteria, please contact **grants@porthedland.wa.gov.au**.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is an individual resident, a group of residents, a small business or an organisation operating in the Town of Port Hedland.
- the space being utilised is one of the following; Land over which ToPH has care and control, Community land owned by Council, Public accessible land owned by business or organisation applying, Public accessible land owned by another government body or not for profit agency. This does not include spaces that includes access corridors and tenancy leasehold areas within shopping centres.
- does not owe any reports or money to the Town of Port Hedland as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not seeking capital funding, funds for retrospective costs, undertaking profit making venture or initiative or representing a political party.

Please select below: *

☐ Yes ☐ 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 [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by

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the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to the [Town of Port Hedland Privacy Policy](#)

Applicant Details

Applicant name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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

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

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 about this grant. This could be the applicant, the parent or guardian or the key contact when there are multiple applicants.

Applicant Phone Number *

Must be an Australian phone number.

Applicant Email Address *

This is the address we will use to correspond with you about this grant.

Bank Account *

Account Name

BSB Number Account Number

<input type="text"/>	<input type="text"/>
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Must be a valid Australian bank account format.

Provide banking details for funds to be deposited into, should your application be successful.

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Previous support

Has the applicant had previous financial support from the Town of Port Hedland?

*

☐ Yes

☐ No

If yes, please explain:

Space Activation Details

* indicates a required field

Space Activation Title: *

Provide a name for the activation. Your title should be short but descriptive

Start Date *

Must be a date.

End Date *

Must be a date.

What public space within the Town of Port Hedland area will you be activating? *

For instance, South Hedland Marquee Water Park, Alley located in Wedge St, Port Hedland, etc.

Please provide a short summary of your space activation? *

Word count:

Must be at least 30 words.

What objective/s does this meet? *

- ☐ Transformation of public spaces into vibrant and safe places where communities gather
- ☐ Create opportunities for people to connect with their local neighbourhood
- ☐ Increase participation in community life
- ☐ Encouraging fun and innovative ideas that generate community engagement

How will this space activation meet the objective(s) you've selected? *

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Please explain how your space activation considers access and inclusions principles *

Please refer to the Town of Port Hedland Access and Inclusion webpage - <https://www.porthedland.wa.gov.au/our-community/community/access-and-inclusion.aspx>

Please detail how you will measure the success of your space activation *

Key Performance Indicators should be specific and measurable i.e. 50 people will attend. You will be required to report on this in your post event acquittal

Does this space activation have community support? *

☐ Yes ☐ No

If yes, please provide evidence of support. Evidence of support can be letters written by another community organisation or member explaining the positive impacts of this, and how or why they support you and/or this space activation.

Attach a file:

List 2 or more ways you will acknowledge the Town of Port Hedland as a sponsor. Examples can be logo on poster, verbal recognition, social media mentions and/or invitation.

Budget

* indicates a required field

Total Amount Requested

*

\$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

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The Town of Port Hedland will contribute 50% or less of the total value of the event. The maximum value of the grant is \$1,000

Income

Please add all income such as TOPH grant, external funding, admission costs, sponsorship and/or in-kind support.

Income	Amount
	\$

Expenditure

This grant will cover the following costs:

- Materials, furniture, costs
- Construction costs
- Artist fees
- Park or reserve hire

7.4.5 What is not covered by grant

- Activities/activation on private land
- Purchase, supply or licensing of alcohol
- Private or invitation only events
- Administration fees
- Operational costs of organisation
- Projects which are solely for the benefit of an individual or business

How to complete this section:

Please outline all the costs for your activity. For expense items over \$500, quotes will need to be provided in the file upload area below the tables.

Expenditure	Amount	Notes
	\$	

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Total Balance

\$

This number/amount is calculated.

Quotes and/or Supporting Documents

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Attach a file:

Previous Support

* indicates a required field

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

- ☐ Yes
☐ No

Details of Previous Support

What year did you last receive support? *

What was the name of the activity, event or project? *

Did you complete and submit the required acquittal form? *

- ☐ Yes
☐ No
☐ I don't remember/Don't have that information

Certification and Feedback

* indicates a required field

Certification

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 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

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.

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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 minutes

Any suggestions of ways this process can be easier?