ToPH Sustainability Application Form

Eligibility

* indicates a required field

Applicants for the Sustainability Grant, please note the following;

Before completing this application form please ensure that you have read the Sustainability Grant Guidelines and the Town of Port Hedland Environmental Sustainability Strategy 2022-2027.

https://www.porthedland.wa.gov.au/documents/3991/environmental-sustainability-strategy-2022-2027

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 9314 during business hours or email your questions through to grants@porthedland.wa.gov.au and quote your application number.

Project Eligibility

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

- require a feasibility study/business case in order to progress
- be located in the Town of Port Hedland's boundaries
- demonstrate a market need/gap
- demonstrate alignment with the Town of Port Hedland's strategic priorities, projects, and objectives
- represent value for money, demonstrated through the sourcing of multiple quotations

Confirmation of Eligibility

I confirm that;

- This application supports and aligns with the Town's outcomes as established in the Town of Port Hedland Sustainability Strategy 2022-2027
- the funded activity/outcome is solely based in the Town of Port Hedland Local Government area.
- the funded initiative will be completed and acquitted within 12 months of funding
- the applicant not have any outstanding acquittals to the Town
- the applicant is not a political party or undertaking activities or programs perceived as benefiting a political party or political campaign

I confirm that I have read the Sustainability Guidelines and I confirm that the	ıis
project proposal meets the eligibility criteria *	

○ 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 <u>Australian Privacy Principles (APPs)</u> as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012.</u> To view our privacy statement, go to the <u>Town of Port Hedland Privacy Statement.</u>

Applicant Organisation Details

Name Individed organisation	lual OC tion Name	Organisation	
Title	First Name	Last Name	
	s Name * tion Name		
			our spelling and make sure you provide the san as with the ABR, ACNC or ATO.
Applica Address	nt Primary Addı	ress *	
Address L	ine 1, Suburb/Towr	, State/Province, Post	code, and Country are required.
Applica Address	nt Postal Addre	ss	
Applica	nt website		
Must be a	URL		
Primary Title	contact person 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 *
Filmary 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?
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
maicates a required neta
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? *
○ 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 inform	<u>ation</u>
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN	
	ompleted ATO Statement by a Supplier Form y approved grant may be withheld. Download o proceed with this application without this
Please upload completed Statement of S	Supplier Form:
Attach a file:	
Max 25mb	
Max 25mb	
What is your organisation's legal structo A Sole Trader	ure? *
O Partnership	
CompanyTrust	
 An Unincorporated association (Club) - If eligible to apply for this grant under an auspi Incorporated association (Inc.) 	you are an unincorporated club, you are only ce arrangement.
CooperativeCompany limited by guarantee	
 Indigenous corporation, association or co 	
Organisation established through specificUnknown	. legislation
If your organisation is unincorporated it must have	e an auspice organisation
Project Details	
* indicates a required field	
Your project title: *	
-	
Provide a name for your project/program/initiative	. Your title should be short but descriptive

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Please provide the address/ location within the Town of Port Hedland area where

your program/ initiative will be based *

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 idea/project/initiative 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 Centre's 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 the proposed activity/outcome initiative including detailed description of the outcome to be funded *
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 *
Please provide evidence of the project plan/ timelines * Attach a file:
Demonstrated Need & Communication
Please demonstrate the need for this project
Please describe how the success of the proposal could be communicated to the community *

Stratogic Alignment		
Strategic Alignment		
Please demonstrate this 2022-2027 *	projects aligns	with the Town's Sus
Optional- Please provide Attach a file:	evidence of th	e strategic alignmen
Attach a file.		
Statutory Requiremen	nts	
Please list all the statuto	ory roquiromon	ts applicable to the
riease list all the statut	ny requirement	is applicable to the a
Provide a summary of any legis		requirements, such as li
approvals, relevant to the prop	osal	
Please attach any releva	nt licences/app	rovals/ permits *
Attach a file:		
Project Risk Assessme	ent	
D		
Please describe your cap	acity to delive	tne project?
Previous support		
Have you previously rece	nived Town of F	ort Hadland funding
○ Yes	O No	
Dotails of provious su	ınnart	
Details of previous su	וטטטונ	

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.

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.

-	-		
Att	ach	a fil	le:

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

Co-contribution/ Co-funding

Activities that are cofounded or consolidated with other funding packages will be considered but additional funding pathways must be confirmed prior to application for this funding package.

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

ToPH Sustainability Application Form

Form Preview

	\$	
	\$	

Expenditure Table

Please list what expenditure (Products, Invoices, services) that are required for your project, especially what the ToPH Sustainability Grant 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.

WRITTEN EVIDENCE UPLOAD:

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 organisation's 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:

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 y	ou 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 sauthorised	First Name senior staff member, volunteer	Last Name board member or	appropriately		
Position *	Position he	eld in applicant organ	nisation (e.g. CEO, 1	Γreasurer)		
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 indicat	e how you fou	nd the online app	lication process:	
○ Very easy	○ Easy	 Neutral 	 Difficult 	 Very difficult
How many min	nutes in total o	lid it take you to o	complete this app	olication? *
Estimate in minut	es i.e. 1 hour = 60)		
•	•	suggestions abou process/form that	-	
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.