

# ToPH Sustainability Application Form

## Form Preview

### 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 this project proposal meets the eligibility criteria \***

Yes  No

You must confirm that all statements above are true and correct.

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### 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 Organisation 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 organisation's 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

Must be a URL

##### 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

**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?**

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? \***

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

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Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
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? \*

- A Sole Trader
- Partnership
- Company
- Trust
- 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
- Organisation established through specific legislation
- Unknown

If your organisation is unincorporated it must have 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

**Please provide the address/ location within the Town of Port Hedland area where your program/ initiative will be based \***

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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 \***

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### Strategic Alignment

**Please demonstrate this projects aligns with the Town's Sustainability Strategy 2022-2027 \***

**Optional- Please provide evidence of the strategic alignment**

Attach a file:

### Statutory Requirements

**Please list all the statutory requirements applicable to the application \***

Provide a summary of any legislated or regulatory requirements, such as licences / permits / approvals, relevant to the proposal

**Please attach any relevant licences/approvals/ permits \***

Attach a file:

### Project Risk Assessment

**Please describe your capacity to deliver the project?**

### Previous support

**Have you previously received Town of Port Hedland funding? \***

Yes

No

I Don't Know

### Details 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.**

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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

**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 cofunded 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'.

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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.

<b>Income Description</b>	<b>Income Type</b>	<b>Confirmed Funding?</b>	<b>Income Amount (\$)</b>	<b>Any Notes?</b>
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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

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**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

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

**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](mailto:grants@porthedland.wa.gov.au) if you have any further ideas or questions.