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**Shire of Boyup Brook**

**Community Grant Application**

**For Financial Year 2021/2022**

Organisation name

Project name

Grant request amount

Applications close 5pm Friday 30 April 2021.

applicants will be advised of the outcome of their application

one month after the adoption of the Annual Budget.

1. **Applicant details**

Name of applicant organisation

Name of President or Chairperson

Name of main contact person Position of main contact person

Telephone Email (for all correspondence)

Postal address

Status of the organisation:

Incorporated Association (include Certification of Incorporation)

Cooperative

Established Community Group

Other (provide details)

Is the organisation registered for GST?

Yes  No

Does the organisation have an ABN?

Yes  No

If yes, provide details:

Does your organisation have Public Liability Insurance? If yes, please provide a copy.

Yes  No

Has this organisation previously received Community Funding from the Shire?

Yes  No

If yes, please provide details of project (name, year funded, amount received).

Have all previous applications been successfully acquitted?

Yes  No  Not applicable

If no, provide details:

1. **Grant request information**

Community Grants are a once off contribution for projects occurring within the financial year. Community Grants are for requests $1,001 and over. Community Donation requests for under $1,000 are to be made via request letter to the CEO. Both Community Grants and Community Donation applications will be assessed by the assessment panel. Preference will be given to applications that leverage funds and provide a larger percentage of cash contribution.

Community Grant Request Amount contributed by the organisation

1. **Project/activity/event information**

Project name

Project description - clearly explain what you want the funding for.

Proposed commencement date Proposed completion date

Explain why the project is important and the benefits to your community group and the wider community.

Explain how your project is aligned to the strategic objectives of the Boyup Brook Shire (see Annual Report and Strategic Community Plan on the website or contact the Shire office for more details). Provide a comprehensive explanation as to why Council should fund your proposal.

1. **Project Budget**

Total income must be equal to total expenditure (all amounts ex. GST).Please add an extra sheet if required.

**Income Table**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding source | Cash (Ex. GST) | In-Kind | | Total | | Confirmed  Y/N |
| Applicant's contribution |  | |  |  |  | |
| Shire of Boyup Brook |  | |  |  |  | |
| Other sources of funding: |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
| Total Income |  | |  |  |  | |

**Expenditure Table**

|  |  |  |
| --- | --- | --- |
| Expenditure Details | Funding  Organisation | Amount |
| *i.e. Catering* | *Shire of Boyup Brook* | *$200.00* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Expenditure | |  |

1. **Application checklist**

Prior to submitting your application please consult the checklist below and tick boxes to show that all requested information has been included:

If your organisation is incorporated please provide your Certificate of Incorporation

Please provide a copy of your Insurance Certificate of Currency

Please provide a recent financial statement (audited where applicable)

Confirmation that the application has been supported by resolution of the organisation

List of Management Committee and Executive Officers names and positions

Letter(s) of support from other community groups

Ensure all relevant parties have endorsed and signed the application

Ensure all the questions have been answered and relevant information attached.

1. **Application authorisation**

**Only the Chairperson or President of the Organisation should sign this application form.**

I certify that I am authorised to make this application on behalf of the organisation, that all the information provided is true and correct and I give permission to the Shire of Boyup Brook to contact any persons or organisations regarding this application. I agree to abide by the Shire of Boyup Brook Code of Conduct.

Name Position

Signed Date

Submit this completed form and associated supporting documents by **Friday** **30 April 2021**.

Attn: CEO

Shire of Boyup Brook

Abel Street (PO Box 2)

Boyup Brook WA 6244

Email: shire@boyupbrook.wa.gov.au