

Koorda Community Grants Program (CGP) Application Form

Round 1: Applications open on 1 July and close 31 July. To be considered at the Public Ordinary Council Meeting in August. Acquittal Due: 28 February.

Round 2: Applications open on 1 November and close 30 November. To be considered at the Public Ordinary Council Meeting in December. Acquittal Due: 25 June.

Late applications will not be accepted.

APPLICATION ROUND/YEAR

Which financial year are you applying for? (Eg; 2024/2025)

What round are you applying for? (Eg; Round 1)

APPLICATION ROUND/YEAR		
Group/organisation name:		
Postal address:		
ABN:	If your group/organisation does not have an ABN please complete and attach a <u>Statement by Supplier</u> form available on the ATO website.	
Does your group/organisation have Public Liability Insurance?	 Yes (please attach a copy of your Certificate of Currency) No - you will need an auspicing organisation to apply for the CGP that has a Certificate of Currency) 	
<i>Is your group/organisation (or auspicing organisation) registered for the Goods and Services Tax (GST)?</i>	□ Yes □ No	
<i>Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)</i>	 Incorporated Association Not for Profit Company or charity Other (please specify)	
	a copy of their Certificate of Currency.	

GROUP/ORGANISATION CONTACT PERSON			
Contact Title & Name:			
Eg. Mr John Smith			
Position title in the group/			
organisation:			
Contact Numbers:			
Email:			

GROUP/ORGANISATION ALTERNATE CONTACT PERSON			
Contact Title & Name:			
Eg. Mr John Smith			
Position title in the group/			
organisation:			
Contact Numbers:			
Email:			

AUSPICING ORGANISATION (IF APPLICABLE)				
Auspicing organisation				
Name:				
ABN of auspicing				
organisation:				
Contact Person Title & Name:				
Eg. Mr John Smith				
Position title in the group/ organisation:				
Contact Numbers:		1		
Email:		1		

ABOUT GROUP/ORGANISATION				
Briefly describe your g	Briefly describe your group/organisation's aims?			
The services/activities	vour aroup/orgai	nisation provide to the community?		
	your group, orgu			
Which are your main ta	rget groups?			
□ General Community	□ Women	Aboriginal and Torres Strait Islander people		
\Box Children 0-10	□ Men	People with disabilities and/or carers		
\Box Youth 11-25	□ Seniors	\Box Other (please specify)		
	iccessful, how w	ill you recognise the Shire of Koorda's contribution		
to this project?				
Press release	□ Banners/Pos	ters		
Annual Report	🗆 Equipment: a	sticker or plaque attached, where possible, on the		
Social Media	item/s purch	ased recognising the Shire' <mark>s contrib</mark> ution.		
□ Flyers	□ Other (please	e specify)		
Has your ergenisation	received funding	from the Chirp in the last two years?		
		from the Shire in the last two years? CGP in one financial year (this includes the		
Community Financial As				
□ No - skip to Project De				
□ Yes - please answer b	elow questions			
If applicable, please lis	st the vears and	amounts of funding from the Shire in the last two		
years.				
	_			
Year:	Amount:			
Year:	Amount:			
	,ount.			
	• ·	vided an acquittal to the Shire for each grant?		
-	•	een received by the Shire.		
⊔ No - If a previous gran	t has not been acc	quitted with the Shire you are not eligible to apply.		

	PROJECT DETAILS
Project Title	
Please outline your project/fund	ling request?
<i>Funding Requested</i> (excluding G	ST)
Total Project Cost (excluding GST sources and contributions)	, please include in-kind and financial
you project if applicable) How and where will your projec	t/purchases take place?
What is your group/organisation financial sources and contribut	n's contribution to your project? Please include in-kind and ions.
project/initiative once complete	pate will attend your event or participate in your d? (reference should be made to those anticipated to be Shire of Koorda, and those from the outer regions)

Explain how you know the project is needed and supported by the Community, and explain what benefits will your project/initiative deliver to the Koorda community?

Name any other group/individuals that will be involved in the project? (please attach letters of support)

If you are applying for funds for equipment, describe what the equipment is and what it will be used for in the future?

If your application is unsuccessful, or only partly funded, in the CGP, how will the project be delivered?

PROJECT INCOME Please note that applications with multiple funders/contributors are favoured.		
PLEASE INCLUDE ALL IN-KIND AND CASH CONTRI		
PLEASE INCLUDE ALL IN-KIND AND CASH CONTRI	SUTIONS.	
Use <u>https://gstcalculator.com.au/</u> to obtain the amou	nts excluding GS ⁻	т.
In-kind hours: Please visit https://volunteeringwa.org.au	/recources/volunte	or-bonofite-calculator/
to determine your organisations in-kind hours for the pro		
PROPOSED PROJECT INCOME	BUDGET (ex G	SST) STATUS
For example: CGP grant request	1,000	Unconfirmed
For example: Own organisation cash contribution	500	Confirmed
For example: Own organisation in-kind contribution	200	Confirmed
For example: Lotterywest Grant	2,000	Pending
Total Incon	ne:	
PROJECT EXPENDITURE BREAK	(DOWN (ex GST)	

PROJECT EXPENDITURE	BREAKDOWN (ex GST)	FUNDING SOURCE
For example: Newspaper Advertisement	500	CGP
For example: Purchase of chairs and tables	500	CGP
For example: Venue hire	200	Own organisation in- kind contribution
For example: Bouncy castle hire	2,000	Lotterywest
		A. P
		V
		124
		ARX
Total Expenditure:		12222

DECLARATION FROM ORGANISATION			
We declare that the organisation we represent does not operate for profit and the information			
	s true and accurate. We a		uidelines and funding
received will be used for the purpose nominated in this application.			
Signed by TWO senior members of organisation:			
Full name:		Full name:	
Position title:		Position title:	
Signature:		Signature:	
Date:		Date:	

DECLARATION FROM AUSPICE ORGANISATION (if applicable)

We declare that no funding will be returned to the auspice organisation in the form of fees,
administration, costs, etc. We agree to manage the funds on behalf of
and abide by the CGP Guidelines.

Signed by TWO senior members of organisation:		
Full name:	Full name:	
Position title:	Position title:	
Signature:	Signature:	
Date:	Date:	

CHECKLIST

Please ensure you have:

- □ Read the application guidelines carefully
- \Box Completed <u>ALL</u> sections of the Application Form
- □ Attached copies of quotes/pricing for all expenditure requested through the CGP
- □ Attached a copy of the Certificate of Currency for Public Liability Insurance
- □ Attached a Letter of Support from the auspice organisation (if applicable)
- □ Attached a Statement of Supplier (if applicable)
- □ Attached a Project timeline (if applicable)
- □ Attached any Letters of Support from other groups.

For assistance with your application or to have it proofed before submission, please email to dceo@koorda.wa.gov.au

Please send this application via one of the following:

<u>Mail</u> Shire of Koorda PO BOX 20, Koorda WA 6475 Email dceo@koorda.wa.gov.au In person 10 Haig Street, Koorda

Shire of Koorda Community Grants Program (CGP)