

### **Shire of Boyup Brook**

# Community Grant Application For Financial Year 2024/2025

Organisation Name	
Project Name	
<b>Grant Request Amount</b>	

Applications close 4:00pm Friday 26 April 2024.

This Application Form should be read in conjunction with Council's Policy F.02 Guidelines for Community Grants which includes information on criteria and eligibility. The policy can be downloaded from the Shire website: http://www.boyupbrook.wa.gov.au

All new applicants are strongly encouraged to contact the Community Development Officer on 9765 1200 or email shire@boyupbrook.wa.gov.au to discuss your application prior to completing this form.



## Shire of Boyup Brook 2024/2025 Community Grant Application Form

Applicant Details					
Name of applicant o	rganisation				
Name of President of	or Chairperson				
Name of main contact person					
Position of main con	tact person				
Telephone		Email			
Postal Address					
Status of the Organ	nisation				
☐ Incorporated Asso	ociation (include Certi	ification of Incorpor	ration)		
☐ Cooperative					
☐ Established Com	munity Group				
☐ Other (provide de	tails)				
Is the organisation re	egistered for GST?	□ Yes □ No			
Does the organisation	on have an ABN?	□ Yes □ No	Number		
Does the organisation have Public Liability Insurance? ☐ Yes ☐ No ☐ Copy provided					
Has the organisation	Has the organisation previously received Community Funding from the Shire? ☐ Yes ☐ No				
If funding has been received previously, did you acquit the grant? ☐ Yes ☐ No					
Details of project (name, year, amount)					
Grant Request I					
Community Grants are a once off contribution for projects occurring within the financial year and are for requests not exceeding \$5,000. Community Grant Applications will be assessed by Council with preference given to applications that leverage funds from additional organisations and provide a larger percentage of cash contribution.					
Community grant red	quest				
Amount contributed	by the organisation				
Project / Activity / Event Information					
Project name					
Project description - clearly explain what you want the funding for (min 100 words max 250 words).					
Proposed commenc	ement date				
Proposed completio	n date				



### Shire of Boyup Brook 2024/2025 Community Grant Application Form

Explain why the project is important and the benefits to your community group and the wider community (min 100 words max 250 words).

Explain how your project is aligned to the strategic objectives of the Shire of Boyup Brook (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 including which objectives your project is aligned to and why (min 150 words max 500 words).

Who is your target audience/participants? eg youth, families, people with disabilities, aged, indigenous groups, industry representatives, etc (min 100 words max 250 words).

Are you working with any other community groups to achieve your project? If yes, please provide details of each group and how they are supporting the project.

What will the funding be specifically used for?

#### **Project Budget**

Total income must be equal to total expenditure (all amounts ex GST). Please add an extra sheet if required. If applicable, please include in your attachment's confirmation from other funding sources, copies of quotes and in-kind breakdown.

#### **Income Table**

Funding Source	Ca	sh (Ex GST)	In-Kind	Total	Confirmed Y/N
Applicant's contribution					
Shire of Boyup Brook					
Other sources of funding					
Volunteer hours		@\$30 p/hr =			
Total Income					



**Expenditure Table** 

### Shire of Boyup Brook 2024/2025 Community Grant Application Form

E	xpenditure Details	Funding Organisation	Amount
ie Catering		Shire of Boyup Brook	\$200.00
		<i>B</i> . co	
Total Expenditure			
<b>Applicant Check</b>	dist		
all requested information If your organisation Copy of Insurance Recent financial solution Confirmation that List of Management Letter(s) of support Quotes attached In-kind breakdow Confirmation from All relevant partiem All questions have	n other funding source/s attached s have endorsed and signed the applica e been answered and relevant informati	Certificate of Incorporate of the organics and positions	oration
Application Autl		hould sign this an	polication form
I certify that I am a information provided	con or President of the Organisation sauthorised to make this application on its true and correct and I give permission is at the same regarding this application. I ag	behalf of the organ n for the Shire of Bo	nisation, that all the yup Brook to contact
Name			
Position			
Signed		Date	

Submit this completed form and associated supporting documents by 4:00pm Friday 26 April 2024.

Attention: Chief Executive Officer
Shire of Boyup Brook



PO Box 2
Boyup Brook WA 6244

**©** 

or

shire@boyupbrook.wa.gov.au (subject line Community Grant Application and your organisations name)