

# **Shire of Boyup Brook**

# **Community Grant Application** For Financial Year 2024/2025

Organisation Name	
Project Name	
Grant Request Amount	

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: <u>http://www.boyupbrook.wa.gov.au</u>

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.



Applicant Detail	S			
Name of applicant o	rganisation			
Name of President of	or Chairperson			
Name of main conta	ct person			
Position of main con	tact person			
Telephone		Email		
Postal Address				
Status of the Organ	nisation			
Incorporated Asso	ociation (include Certi	ification of Incorpo	ration)	
□ Cooperative				
Established Com	munity Group			
□ Other (provide de	tails)			
Is the organisation r	egistered for GST?	🗆 Yes 🗆 No		
Does the organisation	Does the organisation have an ABN?			
Does the organisation	on have Public Liabilit	y Insurance?	🗆 Yes 🗆 No	Copy provided
Has the organisatior	n previously received	Community Fundir	ng from the Shire?	🗆 Yes 🗆 No
If funding has been received previously, did you acquit the grant?				🗆 Yes 🗆 No
Details of project (na	ame, year, amount)			
Grant Request I	nformation			
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 re-	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).				
		Γ		
Proposed commencement date				
Proposed completion date				



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** 

Expenditure Details	Funding Organisation	Amount
ie Catering	Organisation Shire of Boyup Brook	\$200.00
Total Expenditure		

## **Applicant 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
- □ Copy of Insurance Certificate of Currency
- □ 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
- □ Quotes attached
- □ In-kind breakdown attached
- □ Confirmation from other funding source/s attached
- □ All relevant parties have endorsed and signed the application
- □ All questions have been answered and relevant information attached

### **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 for 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 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)

