

Shire of Boyup Brook

Community Grant ApplicationFor Financial Year 2025/2026

Organisation Name	
Project Name	
Grant Request Amount	

Applications close 4:00pm Friday 25 April 2025.

This Application Form should be read in conjunction with Council's Policy C17 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 Manager Community Services either by phone on 9765 1200 or email shire@boyupbrook.wa.gov.au to discuss your application prior to completing this form.



Shire of Boyup Brook 2025/2026 Community Grant Application Form

Applicant Details	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	fication of Incorpor	ation)	
☐ Cooperative				
☐ Established Comr	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			☐ Copy provided	
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			□ Yes □ No	
Details of project (name, year, amount)				
Grant Request In	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 red	quest			
Amount contributed	by the organisation			
Project / Activity	/ Event Informat	ion		
Project name				
Project description -	clearly explain what	ou want the fundir	ng for (min 100 word	ds max 250 words).



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Proposed commencement date	
Proposed completion date	
Explain why the project is important ar community (min 100 words max 250 words	nd the benefits to your community group and the wider ds).
Report and Strategic Community Plan or	strategic objectives of the Shire of Boyup Brook (see Annual n the website or contact the Shire office for more details). to why Council should fund your proposal including which why (min 150 words max 500 words).
, , , ,	
Who is your target audience/participar	nts? eg youth, families, people with disabilities, aged,
indigenous groups, industry representative	
Are you working with any other commun details of each group and how they are so	ity groups to achieve your project? If yes, please provide
details of each group and now they are s	apporting the project.



What will the funding be specifically used for?

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Project Budget				
required. If applicab	be equal to total expend ble, please include in you uotes and in-kind brea	our attachment's		
Income Table				
Funding Source	Cash (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		



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Applicant Check	dist		
. .	our application, please consult the checl ation has been included:	klist below and tick	boxes to show that
☐ If your organisation	on is incorporated, please provide your C	Certificate of Incorpo	oration
☐ Copy of Insurance	e Certificate of Currency		
☐ Recent financial s	statement (audited where applicable)		
☐ Confirmation that	the application has been supported by r	esolution of the org	anisation
☐ List of Manageme	ent Committee and Executive Officers na	ames and positions	
☐ Letter(s) of suppo	rt from other community groups		
☐ Quotes attached			
☐ In-kind breakdow	n attached		
☐ Confirmation from	other funding source/s attached		
☐ All relevant partie	s have endorsed and signed the applica	tion	
☐ 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 25 April 2025.



Attention: Manager Community Services Shire of Boyup Brook PO Box 2 Boyup Brook WA 6244



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