

Community Grants Program (CGP) Application Form

Round 1: Open between 1 July and 31 August. To be considered at the Public Ordinary Council Meeting in September.

Round 2: Open between 17 January and 21 February. To be considered at the Public Ordinary Council Meeting in April.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

The Community Grants Program offers three categories, allowing applicants to select the one that best fits their needs.

1. Minor Community Grant under \$5,000 (ex GST)
2. Major Community Grant over \$5,000 (ex GST)
3. Triennium Community Grant (minor and major available)

APPLICATION ROUND/YEAR	
Which round and financial year are you applying for? (eg. R2 - 2023/24)	
What category are you applying for? (minor, major or triennium)	
GROUP/ORGANISATION DETAILS	
Group/Organisation:	
Postal address:	
ABN:	<i>If not supplying ABN, please complete and attach a Statement by Supplier form available on the Shire website https://www.katanning.wa.gov.au/documents/</i>
Does your group/organisation have Public Liability Insurance?	<input type="checkbox"/> Yes (please attach a copy of your Certificate of Currency) <input type="checkbox"/> No – you will need an auspicing organisation with a current Public Liability Insurance policy and provide a copy of their Certificate of Currency.
Is your group/organisation (or auspicing organisation) registered for the Goods and Services Tax (GST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Not for Profit Company or charity <input type="checkbox"/> Other (please specify) _____ <i>If you are not an Incorporated Association, Not for Profit Company, charity or other appropriate organisation you must have an auspicing organisation that will manage the funds and provide a Certificate of Currency for Public Liability Insurance.</i> <i>Please attach a letter of support from the auspicing organisation and a copy of their Certificate of Currency.</i>

GROUP/ORGANISATION CONTACT PERSON	
Contact Title & Name <i>E.g. Mr Joe Bloggs</i>	
Position title within the group/organisation:	
Contact number: (mobile preferred)	
Email:	

GROUP/ORGANISATION ALTERNATE CONTACT PERSON	
Contact's Title & Name	
Position held within the group/organisation:	
Contact number: (mobile preferred)	
Email:	

AUSPICING ORGANISATION (IF APPLICABLE)	
Auspicng organisation name:	
ABN of auspicng organisation:	
Contact Person, Title & Name <i>Eg. Mr Joe Blogs</i>	
Position title within the group/organisation:	
Contact numbers:	
Email:	

ABOUT THE APPLYING GROUP/ORGANISATION

Briefly describe your group/organisation's goals?

Describe all services/activities your group/organisation provides to the community?

Select your main target groups?

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> General community | <input type="checkbox"/> Women | <input type="checkbox"/> Aboriginal or Torres Strait Islander people |
| <input type="checkbox"/> Children 0-10 | <input type="checkbox"/> Men | <input type="checkbox"/> People with disabilities and/or carers |
| <input type="checkbox"/> Youth 11-25 | <input type="checkbox"/> Seniors | <input type="checkbox"/> Other (please specify) _____ |

If your application is successful, how will you recognise the Shire of Katanning's contribution to this project?

- | | |
|--|--|
| <input type="checkbox"/> Press release. | <input type="checkbox"/> Logo on Banners/Posters |
| <input type="checkbox"/> Annual report inclusion | <input type="checkbox"/> If purchasing equipment: You will need to attach a label or plaque on the item/s purchased recognising the Shire's contribution. |
| <input type="checkbox"/> Social media posts | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Logo on promo flyers | |

Has your organisation received funding from the Shire in the last two years?

Please note you cannot apply for a CGP more than once within the same financial year (this includes the Community Financial Assistance Program).

- No – [skip to Project Details section](#)
- Yes – [please answer below questions](#)

If applicable, please list the dates and amounts of funding received from the Shire in the last two years.

<i>Date</i>	<i>Amount</i>

Has your organisation provided a completed acquittal to the Shire for each grant received?

- Yes - The organisation's acquittal has been received and accepted by the Shire.
- No - If a previous grant has not been acquitted with the Shire **you are not eligible to apply.**

PROJECT DETAILS

Project Title

Please outline your project/funding requirements: (attach an extra page if required)

Funding Requested (excluding GST)

\$

Total Project Cost (excluding GST, please include in-kind and financials)

\$

Provide a timeline for your project including start and finish dates and any milestones. (Attach a separate page for timeline if required.)

How and where will your project/purchases take place?

What is your group/organisation's contribution to this project? Please include in-kind and financial.

How many people do you expect to attend/participate in your project/event?

How many people from the Katanning community do you expect to attend/participate in your project/event?

What benefits will your project provide to the Katanning community?

Explain how you know this project is needed and is supported by the community? (research?)

Name any other groups/individuals that will be involved in the project? (Attach letters of support)

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

If your CGP application is unsuccessful, how will the project be delivered?

PROJECT QUOTE RECORD

THREE quotes are required for goods or services purchased with grant funds. At least one quote from a local supplier is required if the item/s is available locally. Please include all quotes with application.

Detailed description of the goods and/or services to be purchased with grant funds if successful:

LIST OF SUPPLIERS INVITED TO SUBMIT QUOTATIONS: (who you approached for quotes)**SUPPLIER 1**

Supplier		Quote \$ (ex GST)	
Contact Name		Contact Number	
Delivery		Availability	

SUPPLIER 2

Supplier		Quote \$ (ex GST)	
Contact Name		Contact Number	
Delivery		Availability	

SUPPLIER 3

Supplier		Quote \$ (ex GST)	
Contact Name		Contact Number	
Delivery		Availability	

Have three quotations been obtained: Yes No**If no, please explain the reason for not obtaining three quotes:****Is the quotation accepted, the lowest price?** Yes No**If no, please explain the reason for not accepting the lowest price:****PROJECT BUDGET****Please note that applications with multiple funders/contributors are favoured.****PLEASE INCLUDE ALL INKIND AND CASH CONTRIBUTIONS.**Use <https://gstcalculator.com.au/> to obtain the amounts excluding GST.**In-kind hours:** Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations in-kind hours for the project.

PROPOSED PROJECT CONTRIBUTIONS	BUDGET (ex GST)	STATUS
<i>For example: This CGP grant request</i>	<i>1000</i>	<i>Unconfirmed</i>
TOTAL FUNDING:		

PROJECT EXPENDITURE		
PROPOSED PROJECT EXPENDITURE	COST (ex GST)	BUDGET SOURCE
<i>For example: Newspaper Advertisement</i>	<i>500</i>	<i>CGP Grant</i>
TOTAL EXPENDITURE:		

DECLARATION FROM ORGANISATION AUTHORISED REPRESENTATIVE

I declare that the organisation I represent does not operate for profit and the information provided in this application is true and accurate. I agree to abide by the Shire of Katanning's CGP Guidelines and any funds received will be used for the purpose nominated in this application only.

Signed by TWO senior members of organisation:

Full name:		Full name:	
Position held:		Position held:	
Signature:		Signature:	
Date:		Date:	

DECLARATION FROM AUSPICE ORGANISATION (if applicable)

I declare that no funding will be retained or returned to the auspice organisation by way of fees/charges or administration costs, etc. I agree to manage the funds on behalf of _____ and abide by the CGP Guidelines.

Signed by TWO senior members of auspice Organisation:

Full name:		Full name:	
Position held		Position held	
Signature:		Signature:	
Date:		Date:	

CHECKLIST

Please ensure you have:

- Read the application guidelines carefully.
- Attached Copies of **ALL** required quotes for **all** expenditure
- Attached Certificate of Currency for organisation/auspice Public Liability Insurance
- Attached a Letter of Support from the auspice organisation (if applicable)
- Attached a Statement of Supplier form (if applicable)
- Attached additional Letters of support from other groups to strengthen your application
- Attached project timeline
- Completed **ALL** sections of the Application Form

PLEASE SEND ALL COMPLETED APPLICATIONS AND ATTACHMENTS ADDRESSED TO:

ATTN: Harmony Blair, Community Development Officer

Email: admin@katanning.wa.gov.au

or

Post: PO Box 130, Katanning WA 6317

or deliver in person to: 52 Austral Terrace, Katanning.