

File Number:

Reference: \_\_\_\_\_\_\_\_\_\_

# Community Grants Program (CGP) Application Form

**Community Grants Program applications open on Monday 25th of March 2025 and closes on Monday 1st of May 2025 and will go to the Public Ordinary Council Meeting in May. Late applications will not be accepted.**

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| **APPLICATION ROUND/YEAR** |
| ***Which financial year are you applying for?*** *(e.g.: 2024/2025)* |  |

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| **GROUP/ORGANISATION DETAILS** |
| **Group/organisation name:**  |  |
| **Postal address:**  |  |
| **ABN:** |  |
| **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) |
| **Is your group/ organisation incorporated?** | [ ]  Yes [ ]  No, please provide the name of the Auspicing Organisation: |
| **Are you or your group registered for GST?** | [ ]  Yes[ ]  NoAn invoice/tax invoice will be required to acquire any successful grants funds |

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| **GROUP/ORGANISATION CONTACT PERSON** |
| **Contact Title & Name***Eg. Mrs Joyce Smith* |  |
| **Position title in the group/organisation:**  |  |
| **Contact numbers:**  |  |
| **Email:** |  |
| **GROUP/ORGANISATION ALTERNATE CONTACT PERSON** |
| **Contact Person Title & Name** *Eg. Mrs Joyce Smith* |  |
| **Position title in the group/organisation:**  |  |
| **Contact numbers:**  |  |
| **Email:** |  |

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| **AUSPICING ORGANISATION (IF APPLICABLE)** |
| ***Auspicing organisation name:***  |  |
| ***ABN of auspicing organisation:*** |  |
| ***Contact Person Title & Name*** *Eg. Mr Joe Blogs* |  |
| ***Position title in the group/organisation:***  |  |
| ***Contact numbers:***  |  |
| ***Email:*** |  |

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| **ABOUT GROUP/ORGANISATION** |
| **Organisations Background (Aims, Number of members etc.)**   |
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| **Which are your main target groups?** |
| [ ]  General community[ ]  Children 0-10[ ]  Youth 11-25 | [ ]  Women [ ]  Men[ ]  Seniors | [ ]  Aboriginal or Torres Strait Islander people[ ]  People with disabilities and/or carers[ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If your application is successful, how will you recognise the Shire of Kondinin’s contribution to this project**? |
| [ ]  Annual report[ ]  Social media[ ]  Flyers | [ ]  Banners/Posters[ ]  Equipment purchase: You will need to attach a sticker or plaque on the item/s purchased recognising the Shire’s contribution.[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has your organisation received funding from the Shire in the last two years?** Please note you cannot apply twice for the CGP in one financial year. |
| [ ]  No – skip to Project Details[ ]  Yes – please answer the below questions |
| ***If applicable, please list the years and amounts of funding from the Shire in the last two years.*** |
| ***Year*** |  | ***Amount*** |  |
| ***Year*** |  | ***Amount*** |  |
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| **PROJECT DETAILS** |
| **Project Title** |  |
| **Please outline your project/funding request.**  |
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| **Funding Requested** (excluding GST)**Refer to CGP Guidelines** “Applicants can request funding of up to $7,500 from Council per grant round. All requests for funding over $5,000 require a cash component of 25% from the applicant or a confirmed source of funding.” |  |
| **Total Project Cost** (excluding GST, please include in-kind and financials) |  |
| **On what date/dates will your project start and finish? (Please attach a timeline for your project if applicable**) |
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| **How and where will your project/purchases take place?**  |
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| **What is your group/organisation’s contribution to your project?** Please include in-kind and financials. |
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| **How many people from the region do you anticipate will attend/participate in your project once completed?** |
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| **What benefits will your project deliver to the Shire of Kondinin’s community?** |
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| **Name any other groups/individuals that will be involved in the project.** **(Please attach letters of support)** |
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| **If your club/ community group does not receive the full amount of funds requested, can your club/community group still complete this project?** |
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| **PROJECT QUOTE RECORD****Three quotes are recommended for your application. At least one quote from a local supplier is required if the item/s is available locally. Please submit all quotes with your application.** |
| **A Detailed description of the goods and/or services:**  |
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| **LIST OF SUPPLIERS INVITED TO SUBMIT QUOTATIONS:** |
| **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:** |

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| **PROJECT BUDGET** |
| **Please note that applications with multiple funders/contributors are favoured.****PLEASE INCLUDE ALL INKIND AND CASH CONTRIBUTIONS.** **Use** [**https://gstcalculator.com.au/**](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 BUDGET** | **BUDGET (ex GST)** | **STATUS** |
| *For example: CGP grant request*  | *1000* | *Unconfirmed* |
| *For example: Own organisation’s cash contribution*  | *500* | *Confirmed* |
| *For example: Own organisation’s in-kind contribution* | *200* | *Confirmed* |
| *For example: Lotterywest grant* | *2000* | *Pending* |
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| **TOTAL INCOME:** |  |  |

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| **PROJECT COSTS** |
| **PROPOSED PROJECT COSTS** | **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* | *2000* | *Lotterywest* |
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| **TOTAL EXPENDITURE:** |  |  |
| **DECLARATION FROM ORGANISATION** |
| We declare that the organisation we represent does not operate for profit and the information given in this document is true and accurate. We agree to abide by CGP Guidelines and the funding received will be used for the purpose nominated in this application.  |
| **Signed by TWO senior members of the organisation:** |
| **Full name:** |  | **Full name:** |  |
| **Position title:**  |  | **Position title:**  |  |
| **Signature:**  |  | **Signature:**  |  |
| **Date:** |  | **Date:** |  |

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| ***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 the organisation:*** |
| ***Full name:*** |  | ***Full name:*** |  |
| ***Position title:***  |  | ***Position title:***  |  |
| ***Signature:***  |  | ***Signature:***  |  |
| ***Date:*** |  | ***Date:*** |  |

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| **CHECKLIST** |
| **Please ensure you have:**[ ]  Read the application guidelines carefully[ ]  Completed **ALL** sections of the Application Form[ ]  Attached are Copies of quotes for all expenditures requested through the CGP[ ]  Attached is a Copy of the Certificate of Currency for Public Liability Insurance[ ]  Attached is a Letter of Support from the auspice organisation (if applicable)[ ]  Attached is a Statement of Supplier (if applicable)[ ]  Attached is a Project timeline (if applicable)[ ]  Attached are any Letters of support from other groups (if applicable) |

**Please send this application via one of the following:**

**Mail (Shire of Kondinin) Email in Person**

PO BOX 7, Kondinin WA 6367 kncdo@kondinin.wa.gov.au 11 Gordon Street, Kondinin WA 6367 PO BOX 4, Hyden WA 6359 hycdo@kondinin.wa.gov.au 12 McPherson Street, Hyden WA 6359