



Shire of Shark Bay Community Assistance Grants **APPLICATION FORM**

Please complete and return the signed application form to the Shire of Shark Bay with the advertised timeframe. **Late submissions will not be considered**

Applications to be addressed to:

Chief Executive Officer
Shire of Shark Bay
PO Box 126
Denham WA 6537

Applications can be delivered:

Shire of Shark Bay
65 Knight Terrace
Denham WA 6537

Email:

cdo@sharkbay.wa.gov.au

For further information, please contact the Community Development Officer on 9948 1218

Please ensure you have read the Shire of Shark Bay Community Assistance Grants – Guidelines before completing the application form to confirm your organisation's eligibility.

FUNDING ROUND

Please indicate which funding round you are applying for:

- | | |
|---|-------------|
| <input type="checkbox"/> Round 1 - Community Projects | Year: _____ |
| <input type="checkbox"/> Round 2 - Equipment and minor projects | Year: _____ |
| <input type="checkbox"/> Significant Event Sponsorship Funding | Year: _____ |

ORGANISATION DETAILS

Organisation Name _____

Postal Address _____

Contact Person _____

Position/Title _____

Telephone _____

E-mail _____

What category best describes your organisation?

- ☐ Sporting Club
- ☐ Community Group
- ☐ Not-for-profit organisation
- ☐ Other: _____

Which of the following best describes your organisation's status?

	YES	NO
• Incorporated	<input type="checkbox"/>	<input type="checkbox"/>
• GST Registered	<input type="checkbox"/>	<input type="checkbox"/>
• Have a current Association Constitution	<input type="checkbox"/>	<input type="checkbox"/>

Australian Business Number (ABN): _____

Please note the Shire of Shark Bay requires applicants to have an ABN. Applicants who do not have one may be subjected to withholding tax of 48.5%. If you are unsure, please contact the Shire to discuss how to best proceed.

Bank details

Account Name: _____

BSB: _____ Account Number: _____

FUNDING DETAILS

Project title: _____

Project description: _____

Date(s) the project will take place: _____

Location(s) where the project will take place: _____

Total project funds requested (including GST if applicable) \$_____

Has your organisation previously received funding from the Shire of Shark Bay?

☐ Yes

☐ No

If **Yes**, Previous funding amount received: \$ _____

Round / Year funding was received: _____

Funded project: _____

Has your organisation acquitted all previous Shire of Shark Bay funding?

☐ Yes

☐ No

If **No**, please outline why?

Please Note: Your organisation is not eligible to receive new funding from the Shire of Shark Bay, until previous Shire of Shark Bay funding has been acquitted.

PROJECT DETAILS

What is the funding to be used for?

☐ Leveraging a grant from a State or Federal agency

☐ Purchasing goods and services (i.e. equipment and/or engaging a professional for the purpose of instruction)

If your funding application involves purchasing equipment, can the equipment be used by other community groups in the future?

☐ Yes

☐ No

☐ Infrastructure (i.e. significant construction or improvement of facilities). Please include Planning Approvals from the Shire

☐ Funding for a specific event or program

☐ Prize money.

Does the project meet the objectives of the Shire of Shark Bay Strategic Community Plan 2020-2030? Copy of the Plan can be found on the Shire's website.

☐ Economic A progressive, resilient and diverse economy

☐ Environment Help protect our unique natural and built environment

☐ Social A safe, welcoming and inclusive community

Outline the project goals and how they will benefit Shark Bay community (*minimum of one objective*):

Economic: _____

Environment: _____

Social: _____

Please list other organisations involved in this project (*if applicable*)

Name of Organisation	Project Involvement

Project Referees:

Please provide two referees (*that is not associated with your organisation*) that are in support of your application, alternatively you can attach letters of support.

Name	Phone	Email	Organisation and position held

SIGNIFICANT EVENT – ONLY

All Significant Event applications will be required to do a presentation to Council about their project, prior to consideration of the grant application. Please speak with the Shire of Shark Bay Community Development Officer for more details and to secure a time. Council meets on the last Wednesday of each month.

If your project is a **Significant Event** will it attract additional visitors to town? If so, how many additional visitors are you planning for?

- ☐ 50-100
☐ 100-200
☐ 200-300
☐ Over 500

Will you be charging an entry fee to attend the event?

- ☐ Yes
☐ No

If **Yes**, how much? _____

Please ensure this is shown as income in the budget below

PROJECT BUDGET

Please provide a total event/program budget outlining all funding sources (eg Shire of Shark Bay funds, your organisation contribution and other funding sources where applicable). Please attach quotes/evidence of cost for every expenditure item listed.

Expenditure Item Description (i.e. materials, equipment, advertising, catering, prizes)	Shire of Shark Bay Grant (\$)	*In-Kind (\$)	Other Funding/Income Amount (\$)	Other Funding Organisation Name (your organisation or external)
Total	\$	\$	\$	

***In-Kind value:** Number of volunteers x hours worked directly on project x \$25 per hour

Will any of your expenditure items be spent locally with **Shark Bay businesses**?

☐ Yes

☐ No

Please describe which business(es) you will be spending money with and how much will be spent with each business.

PART 6 – ADDITIONAL INFORMATION

Please attach a copy of the following:

- Organisation's most recent (Audited) Financial Statement
- Quotations for expenditure items

PART 7 – DECLARATION

I hereby certify that I am the authorised person to sign on behalf of the organisation and that the information is correct. I have read, understand and agree to abide by the conditions set out in the Shire of Shark Bay Community Assistance Grants guidelines.

NAME

SIGNATURE

POSITION IN ORGANISATION

DATE
