

COMMUNITY DEVELOPMENT FUNDING

APPLICATION FORM 2024 - 2025



The City of Albany's Community Development Grants aim to increase community wellbeing, resilience and connection by enabling local initiatives that bring people together.

COMMUNITY DEVELOPMENT FUNDING

APPLICATION FORM 2024 - 2025

The City of Albany's Community Development Funding aims to increase community wellbeing, resilience and connection by enabling local initiatives that bring people together, and create a strong thriving community.

APPLICANT DETAILS Before you start, please contoidea.	act the Community Development Team on 6820 3023 to discuss your project
Date of discussion:	
Officer spoken to:	
Organisation name:	
Contact person:	
Postal address: This is the address that the City of Albany will send hardcopy documents to i.e. Funding Agreements	
Telephone:	
Email:	
Is the applicant (tick one box only):	an organisation individual
Note: individuals must be ausp details below.	piced by an incorporated organisation. Please complete the auspicing body

COMMUNITY DEVELOPMENT FUNDING APPLICATION FORM SYN REF: NF24177875 / CR.SPO.82

ORGANISATION DETAILS		
Is your organisation incorporated? (You may be required to supply a copy of your Certificate of Incorporation if your application is successful) Yes (date of incorporation) No (please complete the auspicing organisation details below)		
	mation about your organisation (or auspicing le what the organisation does, its client or service base, tc.	
If the applicant is an individual, or a non-incorporated group, please complete the following section.		
Auspicing organisation's name:		
Contact person:		
Postal Address: This is the address that the City of Albany will send hardcopy documents to i.e. Funding Agreements		
Telephone:		
Email:		

ALL APPLICANTS TO COMPLETE THE FOLLOWING:		
Is the applicant or auspicing organisation covered by public liability insurance?:		
Yes (please state level of cov	er and expiry date)	
No		
PROJECT DETAILS		
Project title:		
Project summary: (No more than 50 words. The infor the public where applicable)	mation supplied here will be used by the City to describe the project to	
Project start date:		
Project end date:		
What is the location where your project will take place?		

Which funding stream and priority does your project/initiative align with? (Please select only one funding stream)

riedse select only one funding stream,

Vibrant inclusive and connected neighbourhoods

Increasing community engagement and participation in local events and in community life, in particular with marginalised or disadvantaged population groups.

Connecting people to their local neighbourhood by reducing isolation and building local connections where people live.

Activating under-utilised neighbourhood amenities (eg parks and reserves).

Hosting events, place-making, story-telling and creative expression in local neighbourhoods.

OR

Strong thriving community groups

Upskilling and increasing the capacity of committee/board members and activity leaders with appropriate training and professional development

Increasing or retaining membership through marketing drives, or redevelopment/development of websites

Increasing the ongoing sustainability of the organisation through innovative projects and initiatives

OR

Supporting the vulnerable

Improving community health and wellbeing in particular by marginalised or disadvantaged population groups;

Increasing the resilience of those impacted most significantly by COVID-19 restrictions and/or other emergency;

Funding requested: (excluding GST)	
Total project cost: (excluding GST)	

Project partners:

(list the organisations, groups, and/or stakeholders involved in delivering your project, and describe their input)

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Please describe your project in detail as follows and attach to your application. If		
you need more space, you can attach no more than a single A4 page		
(single sided, Arial 11 point font, single spaced) Refer to Grants Guidelines for the assessment process.		
What are you going to do?		
How does your project meet the funding priorities you have identified?		
If your project activates under-utilised neighbourhood amenities, please describe in more		
detail.		
Outline how you have involved community members (target and/or wider community members) in the		
design, implementation and delivery of the project.		
How will you determine whether your project was successful?		

Which of the following ways are you able to acknowledge the City of Albany's support for the project? (Please tick all that are relevant)

Acknowledgement of City of Albany support (and other sponsors where appropriate) in advertising and media publicity

City of Albany (and other sponsors where appropriate) signage while the project is occurring

Verbal acknowledgement during the project

Formal invitations to City of Albany Mayor and/or Councillors to attend project activities, official functions and hospitality opportunities

The Mayor or Councillors to be invited to present the welcome or opening speech at the commencement and/or launch of the project

BUDGET

Please outline the total cost of your project. Include any contribution from your organisation, contributions from other funding bodies, and estimated in-kind contributions. In-kind contributions are goods, services, time, expertise, or other non-cash contributions which assist the development, delivery and/or evaluation of the project.

Income Source	Amount \$ (excluding GST)
Request from the City of Albany Please note the City will provide a maximum contribution of \$5,000	\$
Your cash contribution (If any)	\$
Other cash contributions Please provide confirmation of any other funding received	\$
Total cash contributions	\$
In Kind contributions (Estimated value)	\$
Total project income (= total of all cash contributions + in-kind contributions)	\$

PROJECT COST

Please outline your project's total cost using the table below. Attach written quotes for major budget items for any amount over \$1,000.

Item/s Description	Total item cost (excl GST)	\$ requested from CoA (excl GST)	\$ requested from others (excl GST)	\$ provided by applicant (excl GST)	\$ in kind support contributions
Example Full page advertisement in local newpaper	Example \$800	Example \$400	Example \$0	Example \$400	Example \$0
Total					

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Has your organisation received funding from the City of Albany in the past five years?			
Yes No			
If yes, please provide details			
Year	Purpose	Amount	
APPLICANT DECLARATION			
	ve been authorised to submit this ap he attachments is, to the best of my		
Name:			
Signature:			
Position:			
Date:			
CHECKLIST			
Please ensure you have:			
Read the application guidelines	s carefully		
Discussed your proposed event	with the Community Development T	eam	
Confirmed you or your organisation meets the eligibility criteria			
Developed a project that aligns with at least one of the funding priorities			
Completed ALL sections of the Application Form (including project detail and budget)			
Attached any letters of support, quotes and supporting information			
Proofread application and amended any spelling or grammatical errors			
Attachments (please specify)			