

|  |  |
| --- | --- |
| Community funding  Application Form | The City of Albany’s Community Funding Program provides the opportunity for community organisations to apply for grant funding to support local events, activities and projects. |

|  |  |
| --- | --- |
| **APPLICANT DETAILS**  Before you start, you **must** contact Community Development on 6820 3023 to discuss your project idea. | |
| **Date of Discussion:** |  |
| **Officer spoken to:** |  |
| **Applicant’s Name:** |  |
| **Contact Person:** |  |
| **Postal Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| Is the applicant (tick one box only): | an organisation  individual |
| *(note that individuals must be auspiced by an incorporated organisation. Please complete the auspicing body details below)* | |

|  |  |  |
| --- | --- | --- |
| **ORGANISATION DETAILS** | | |
| **Name of Organisation:** |  | |
|  |  | |
| **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) | | |
| **Does your organisation have an Australian Business Number (ABN)?** | | |
| Yes: (number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | | |
| **Is your organisation registered for GST?**  Yes:  No | | |
| **ORGANISATION ACCOUNT DETAILS**  Please provide details of your organisation’s main operating account. If your application is successful, this will be the account to which grant funding is paid. | | |
| **BSB Number:** | |  |
| **Account Number:** | |  |
| **Bank Name:** | |  |
| **Account Name:** | |  |
| **ORGANISATION ADDRESS DETAILS** | | |
| **Postal Address:** | |  |
|  | |  |
| **Street Address:** | |  |
| **(if different from above)** | |  |
| **Phone:** | |  |
| **Mobile:** | |  |
| **Fax:** | |  |
| **Email:** | |  |
| **Website/URL:** | |  |
| **ORGANISATION CONTACT PERSON** | | |
| **Name:** | |  |
| **Position/Role:** | |  |
| **Postal Address:** | |  |
| **Phone:** | |  |
| **Mobile:** | |  |
| **Fax:** | |  |
| **Email:** | |  |

|  |  |  |
| --- | --- | --- |
| **If the applicant is an individual, or a non-incorporated group, please complete the following section.** | | |
| **Auspicing organisation’s name:** | |  |
| **Contact person:** | |  |
| **Postal Address:** | |  |
|  | |  |
| **Phone:** | |  |
| **Email:** | |  |
| **Is the auspicing organisation registered for GST?**  Yes:  No | | |
| **AUSPICING ORGANISATION ACCOUNT DETAILS**  Please provide details of your organisation’s main operating account. If your application is successful, this will be the account to which grant funding is paid. | | |
| **BSB Number:** |  | |
| **Account Number:** |  | |
| **Bank Name:** |  | |
| **Account Name:** |  | |

|  |
| --- |
| **Please provide some information about your organisation (or auspicing organisation). For example what the organisation does, its client or service base, objectives/goals/vision etc.** |
|  |
| **ALL APPLICANTS TO COMPLETE THE FOLLOWING:** |
| **Is the applicant or auspicing organisation covered by public liability insurance?:** |
| Yes: (please state level of cover and expiry date)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |

|  |  |  |
| --- | --- | --- |
| **PROJECT DETAILS** | | |
| **Project Title** |  | |
| **Project Summary:**  *(No more than 50 words. The information supplied here will be used by the City to describe the project to the public where applicable)* | | |
| **Project Start Date:** |  | |
| **Project End Date:** |  | |
| **What is the location where your project will take place?** | | |
|  | | |
|  | | |
| **Which of the funding priorities does your project address (Applicants may select more than multiple priorities):**  Increasing community engagement and participation in local events and community life, in particular by marginalised or disadvantaged groups  Improving community health and wellbeing  Activating under-utilised City of Albany community facilities, parks and reserves  Celebrating community diversity, identity, history and/or heritage | | |
| **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)* |
|  |
|  |
|  |
|  |
|  |
|  |
| **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 Community Funding Guidelines for the assessment process.** |
| **What does your project aim to achieve?** |
| **What are you going to do?** |
| **Outline how the project addresses a genuine community need.** |

|  |
| --- |
| **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? (Refer to page 5 of the Enterprise Grants Guidelines – please tick all that are relevant)**  Acknowledgement of City of Albany support in advertising and media publicity  City of Albany 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.* | |
|  | **Amount $ (excluding GST)** |
| **Request from the City of Albany** | **$** |
| **Your $ contribution** | **$** |
| **Other $ contributions** | **$** |
| **Total $ cost of all contributions** | **$** |
| **In kind contributions (estimated value)** | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT COST**  Please outline your project’s total cost using the table below. Attach written quotes for major budget items | | | | |
| **Item/s Description** | **Total item cost (ex GST)** | **$ requested from City of Albany (ex GST)** | **$ requested from others**  **(ex GST)** | **$ provided by applicant (ex GST)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Costs** |  |  |  |  |

**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** | |
| I, the undersigned, certify that I have been authorised to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and correct. | |
| **Name:** |  |
| **Signature:** |  |
| **Position:** |  |
| **Date:** |  |

|  |
| --- |
| **CHECKLIST** |
| **Please ensure you have:**  Read the application guidelines carefully  Discussed your proposed project with the Community Development Team  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  Other attachments (please specify) |

*Synergy File Reference: NF20110567*