Applying for a Community Event Grant

* indicates a required field

All applicants must discuss their eligibility, ideas and options with the Community Events Officer before submitting an application, on 9290 6718 or eventsofficer@mundaring.wa.gov.au.

In addition, you must read the <u>Grant Guidelines</u> for further information, to ensure you are eligible and to view eligible and non-eligible items, prior to completing your application. Note that retrospective requests where the project has already taken place are not eligible.

Value of Grant

- Up to \$5000
- Please note that the Community Event Grant requires groups to match funding.
 - Under \$1000 in-kind contributions;
 - \$1001 \$5000 50% matching (cash and in-kind)

Required Documentation

To complete your application you will need:

- A detailed budget breakdown (with quotes for items over \$500);
- To have applied for an Event Permit;
- Your ABN or an <u>ATO Statement by Supplier Form</u> if you do not have an ABN;
- The bank details of your organisation or your auspicing organisation;
- Confirmation of other funding sources; and
- Name and contact details of two referees.

It may be useful to view the Shire's <u>guide for</u> <u>organising community events</u> and <u>Event Access and Inclusion Checklist</u> for assistance in planning your event.

Have you submitted an Event Permit Application? *

☐ Yes ☐ No

Funding may be withdrawn, withheld, or may need to be returned in full to the Shire if the necessary steps are not taken to obtain the required approvals. To start the approval process please complete the Event Permit application at https://my.mundaring.wa.gov.au/EventsOnlineForm

Applicant Organisation Details

| Organisation Name * | |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| Street Address * | Address |
| | |
| | |
| | |
| Postal Address | Address |
| | |
| | |
| | Suburb State Postcode |
| | |
| Phone Number * | |
| riione Number | Must be a set Australia a selection and a set of a |
| | Must be an Australian phone number |
| Email Address * | |
| | Must be an email address |
| ls your organisation | ○ Yes |
| Is your organisation Incorporated? * | O No |
| | |
| If yes, what is the Incorporation Number | |
| • | |
| If no, please provide the name of the | |
| organisation that | Please provide the ABN and Bank details of the auspicing organisation below |
| is auspicing the application | organisation below |
| аррисаціон | |
| ABN | |
| | The ABN provided will be used to look up the following |
| | information. Click Lookup above to check that you have entered the ABN correctly. |
| | Information from the Australian Business Register |
| | ABN |
| | Entity name |
| | ABN status |
| | Entity type |
| | Goods & Services Tax (GST) |
| | DGR Endorsed |
| | ATO Charity Type <u>More information</u> |

| | ACNC Registration | | |
|-----------------------------------|---------------------------------------------------------------------------------------|--------------------|------------|
| | Tax Concessions | | |
| | Main business location | | |
| | Must be an ABN | | |
| | If you do not have an ABN Statement by Supplier fo otherwise 48.5% of any a withheld. | rm and attach l | oelow, |
| ATO Statement by | Attach a file: | | |
| Supplier Form | | | |
| | Banking Details | | |
| | Please provide either: | | |
| | a) Your organisation's bank of | details, OR | |
| | b) Your auspice's bank detai | | |
| | auspiced. Please do not prov details as the grant will be p | | |
| | details as the grant min se p | ara to the daspies | . . |
| Bank/Branch | | | |
| Dalik/Di alicii | | | |
| Account Name * | | | |
| | | | |
| BSB * | | | |
| | | | |
| Account Number * | | | |
| C | | | |
| Contact Details | | | |
| Who is the best person to speak t | to about this application? | | |
| Contact Person * | First Name | Last Name | |
| | | | |
| Position * | | | |
| FUSICIUII * | | | |
| Phone Number * | | | |
| | | | |
| Email * | | | |

Community Event Grant Application Form page 2

* indicates a required field

Your Organisation

Your organisational purpose and background

| What is the primary purpose of your organisation? * | Must be no more than 50 wo | rds |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------|
| | | |
| When was your organisation established? | | |
| Number of members/ volunteers * | | |
| Please estimate the | | |
| number of members who are Shire of Mundaring residents * | Must be a number. | |
| President * | First Name | Last Name |
| | | |
| Treasurer * | First Name | Last Name |
| | 2.2.1.2.1.1.2 | 25115115 |
| _ | _ | |
| Secretary * | First Name | Last Name |
| | | |
| Number of paid staff, if any | | |
| Source/s of Income * | ☐ Membership Fees☐ Fundraising☐ Grants/Sponsorship☐ Other: | |
| | Must be at least 1 choice seld | ected |

| Who owns the premises at which the event will be held? * | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you require approval/ s from the owner to undertake the proposed event? * | ○ Yes○ No |
| Identify how the project/ event aligns with the Shire's Council Plan 2024/2034 * | □ 1.1. Protect and enhance natural habitats, including nature reserves, rivers, lakes and waterways, to support wildlife conservation and recreational activities □ 2.1. Adopt sustainable practices to manage climate change, including growing the urban forest, reducing emissions, and saving water □ 2.2. Adopt sustainable waste management practices to strive for zero waste □ 2.3. Build resilience to cope with natural disasters and emergencies, including storms, flooding and fire □ 3.1. Promote our diverse cultures, history and heritage □ 3.2. Grow participation in arts, culture and community events □ 4.1. Facilitate improved community safety □ 4.2. Promote community health and wellbeing □ 4.3. Grow participation in sport and recreation activities □ 4.4. Encourage responsible animal ownership □ 5.1. Advance opportunities, community participation and quality of life for people of all ages and abilities □ 5.2. Grow participation in volunteering □ 6.1. Promote responsible planning to meet current and future needs □ 6.2. Preserve and promote local heritage buildings and places of interest □ 6.3. Increase access to safe, affordable and diverse housing options □ 7.1. Support the development of vibrant, attractive and werges □ 7.3. Provide fit for purpose community buildings and public facilities □ 7.4. Enhance public open space, parks and playgrounds □ 8.1. Maintain a safe, efficient road and transport network with supporting infrastructure and services □ 8.2. Provide safe, well-connected trails, paths and bike lanes □ 9.1. Support local businesses to prosper □ 9.2. Support the growth of sustainable tourism □ 9.3. Grow participation in education and life-long learning □ 10.1. Strengthen organisational culture, governance, financial management and asset management |

Please identify how the

the Shire's Community

Health & Wellbeing Informing Strategy

2020/2025 *

☐ 10.2. Enhance the customer experience □ 10.3. Effectively inform and engage the community about local issues, facilities, services and events See the Shire's Council Plan here ☐ Objective 1: Increase awareness and knowledge about project/event aligns with activities that strengthen and retain mental health and wellbeing ☐ Objective 2: Increase participation in activities that vield mental health benefits Objective 3: Minimise the risk of harm from falls Objective 4: Increase awareness of road safety campaigns ☐ Objective 5: Increase water safety awareness and minimise associated risks ☐ Objective 6: Facilitate a more active community by increasing participation in physical activity ☐ Objective 7: Foster healthy eating in our community ☐ Objective 8: Prevent harms associated with smoking, alcohol and drugs in the community ☐ Objective 9: Engage older people to participate in activities and events ☐ Objective 10: Strengthen access to facilities, services and information for older people ☐ Objective 11: Facilitate appropriate housing for older people ☐ Objective 12: Promote, raise awareness and increase knowledge about immunisation ☐ Objective 13: Manage and maintain the risks associated with infectious disease ☐ Objective 1: Manage and control risks associated with emergency events ☐ Objective 2: Enhance bush fire preparedness ☐ Objective 3: Protect the community by managing safety of public buildings, recreation facilities and events ☐ Objective 4: Support people with disability and their families, friends and carers to feel welcomed, valued and included in the Shire community ☐ Objective 5: Minimise congestion and advocate for improved public transport ☐ Objective 6: Engage with and support our young people and wider community to become more connected Objective 7: Maintain and enhance environments supportive of public health ☐ Objective 8: Build capacity for safe and sustainable water management by shire and community ☐ Objective 9: Identify health risks and adaptation options for climate change impacts ☐ Objective 10: Facilitate sustainable land use and development See the Shire's Community Health & Wellbeing Informing Strategy <u>here</u>

Community Event Grant Application Form page 3

| * indicates a required field | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your Request | |
| Event Title * | |
| What are the primary areas of focus for this project/program? * | You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees) |
| Short event description * | Word count: Must be at least 50 words. |
| Date of Event * | Must be a date. |
| Has this event been held before? * | ○ Yes○ No |
| What are the planned activities? * | Please provide a detailed overview of activities including any community partnerships; local business involvement and description of your target audience |
| How many people do you expect to attend the event? * | How did you make this estimate? |
| What will the group use the grant for, specifically? * | |
| | Please list the items this funding will pay for? |
| Please provide a summary of your Access and Inclusion plan. * | |
| | Please be specific for your event, complete the checklist below to identify the relevant information |

| | To ensure that you have adequately addressed Access and Inclusion for your event, complete the Event Access and Inclusion Checklist. |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Which of the following promotional activities will take place? * | □ Social media posts □ Logo on all promotional material □ Newspaper advertising □ Media release □ Banners □ Posters □ Video □ Website □ Verbally at event □ Other: At least 3 choices must be selected. These are the tools you will use to promote your event. |
| Community Event Grant * indicates a required field | t Application Form page 4 |
| If this event is being held for the first time, please describe the | |
| level of community consultation and support for the idea? | |
| If the event has been held before please describe the previous level of community participation. | Include details of any partnerships with other organisations. |
| Are you planning to expand the previous event? If yes, please describe how. | |
| Acknowledgement | |
| How will the group acknowledge the | □ Social media□ Website |

| Shire of Mundaring contribution? | □ Media release □ Newsletter □ Shire logo on all promotional material (required) □ Shire banners or corflute signs (required) □ Invitation to Councillor to attend (required) □ Other: |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Evaluation | |
| What are the expected outcomes of the event? * | |
| | Word count: Must be at least 50 words. What do you hope to achieve? |
| How will the group know if these outcomes have been achieved? * | |
| | Word count: Must be at least 50 words. How will you know you have achieved your goals? Describe the ways in which you will gather evidence. |
| | If you need assistance understanding what outcomes are, read the materials at www.ourcommunity.com.au/evaluation |

Community Event Grant Application Form page 5

* indicates a required field

Detailed Budget

Please include income and expenditure for the **event only**, not your organisation's total operating budget.

Include income that will be used to cover your expenditure for the event. Income can include:

- this grant
- other grants
- the organisation's own funds
- business sponsorship
- donations
- in-kind contributions

The group must match the Shire's contribution. This can be made up of cash (other grants, own funds, business sponsorships, cash donations) and in-kind contributions (donation of goods and services, volunteer time).

Note: See the <u>Volunteering WA Volunteer Benefits calculator</u> to determine the cost of volunteer time. The average rate is \$48.01 per hour.

Include all costs associated with running the event in the expenditure section, not just those items covered by this grant. For expense items over \$500 please provide quotes in the upload area below. Please ensure expenses match information provided in event plan and description.

Ideally the income and expenditure totals should match, unless you are using the event to raise funds for your organisation.

Registered for Goods and Services Tax

If the group is registered for GST you must show expenditure items exclusive of the GST component. For example, you have been quoted \$550 including GST for lighting hire. In the expenditure budget you would only show lighting hire of \$500. If the activity is funded, the payment will include a 10% GST component.

Not registered for Goods and Services Tax

If the group is not registered for GST you must show expenditure items inclusive of the GST component. For example, you have been quoted \$550 including GST for lighting hire. In the expenditure budget you would show lighting hire of \$550. If the activity is funded, the payment will include the GST component for those items on which GST is payable.

Income

| Income Description | Income Type | Confirmed Funding? | Income Amount |
|---------------------------|------------------------------------------|--------------------|--------------------------|
| e.g. Lotterywest grant | e.g. grant funding, donation, in-kind | Y/N | Must be a dollar amount. |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Expenditure

| Expenditure Description | Expenditure Type | Expenditure Amount |
|---------------------------------|---------------------|--------------------------|
| e.g. Staging (name of supplier) | e.g. equipment hire | Must be a dollar amount. |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Budget Totals

| Total Income Amount | Total Expenditure Amount | Income - Expenditure |
|---------------------|--------------------------|----------------------|
| \$ | \$ | \$ |

This number/amount is This number/amount is This number/amount is calculated. calculated. calculated. Amount Requested in this Application **Total Amount Requested** What is the total financial support you are requesting in this application? (Maximum \$5000) Quotes Please attach a quote for your expenses over \$500. For items over \$1000 two quotes are required. Quotes for expenses over \$500 Attach a file: Confirmation of Funding Sources Please upload evidence of other funding sources for the event (i.e. bank statement, confirmation of other grants). **Funding Sources** Attach a file: Community Event Grant Application Form page 6 * indicates a required field First Referee Please note: The referee is someone who is familiar with your organisation, its members and operation however cannot be a member of your organisation, its Committee or Board or a paid employee. Shire Councillors and staff cannot be used as referees on grant applications. Name * First Name Last Name Position * Organisation Name *

| Office Phone Number * | | | | | |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|----------------------|
| Second Referee | | | | | |
| Name * | First Name | | Last N | ame | |
| | | | | | |
| Position * | | | | | |
| Organisation Name * | | | | | |
| Office Phone Number * | | | | | |
| Acknowledgement | | | | | |
| | ACKNOWL | EDGEMENT | | | |
| | approval of applicants for consents or | cation is success funding does not rom having to ob approvals requir ings services. | , in any tain the | v way, exc e appropri | lude ate permits, |
| | I understand that I may be required to supply further information prior to consideration of this application, and should the organisation be successful in gaining funding an acquittal report will be submitted to the Shire of Mundaring within three months of the event. | | | ication, gaining to the Shire | |
| | I understand that monies received as a result of this application must be used in accordance with the Shire of Mundaring's Policies and Council Plan 2024-2034 and the Community Grant Funding Guidelines. I understand that any variations to the original request for funding will need to be addressed to the Manager Libraries, Communications & Engagement at the Shire of Mundaring. | | the Shire of | | |
| | | | 1anager | | |
| | | sed to make this I represent. The | | | |
| | | | | | |
| I have read and agree to the above: * | | ve read and agre not agree | ee | | |
| Authorised Person * | Title | First Name | | Last Nam | е |
| | | | | | |

| Position * | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Date * | |
| | Must be a date |
| | |
| Feedback | |
| Applying for a Commun | ity Event Grant |
| | dback on the application process for our Community Even to answer the following questions. |
| | ore detailed feedback please contact the Community Even sofficer@mundaring.wa.gov.au. |
| How did you find out about this grant opportunity? | □ Shire Volunteer Bulletin □ Social media □ Shire website □ Community noticeboard □ Local newspapers □ Word of mouth □ Email from Shire □ Other: |
| | |
| | To what extent do you agree with the following statements about this grant opportunity? |
| The grant application process was clear and straight-forward | Strongly agree Agree Neutral Disagree Strongly disagree |
| It was easy to find out about previously funded projects | Strongly agree Agree Neutral Disagree Strongly disagree |
| Support from Grants Administrators was helpful, respectful and timely | Strongly agree Agree Neutral Disagree Strongly disagree |