

# 2024-2025 Milestone Event Grant Application Form

## Form Preview

### Grant Guidelines

\* indicates a required field

Each year, one local organisation that has reached a major milestone in its history or development will be provided \$2500 by Council, to assist in holding a major recognition event for its members.

Your application must address the following criteria:

- The contribution your organisation is making towards the event
- How the event will benefit members
- The consultation that took place with members to determine their level of support for the event
- How the Shire's contribution will be recognised
- How the success of the event will be measured

To complete your application, you will need:

- To have applied for an [Event Permit](#);
- A detailed budget (with quotes for items over \$500)
- Your ABN or an [ATO Statement by Supplier Form](#) if you do not have an ABN;
- The bank details of your organisation or your auspicing organisation; and
- A detailed budget.

In addition, please ensure you have determined the need for additional toilet facilities for your event and have incorporated the hire expenses into your budget. Please contact Shire Health Services on 9290 6742 to discuss and note the details in your application.

It may be useful to view the [Organising Events](#) page on the Shire's website for assistance in planning your event.

For further information regarding eligibility criteria please refer to the full [Grant Guidelines](#) or contact the Community Capacity Building Officer on 9290 6678 or [ccbo@mundaring.wa.gov.au](mailto:ccbo@mundaring.wa.gov.au).

**Have you submitted an Event Permit Application? \***

- ☐ Yes  
☐ No

Funding may be withdrawn, withheld, or may need to be returned to the Shire if the necessary steps are not taken to obtain the required approvals.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>

Organisation Details

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**Organisation Name \***

**Street Address \***

Address

  

**Postal Address**

Address

  

Suburb    State    Postcode

        

Must be an Australian post code

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

**Is your organisation  
Incorporated? \***

- ☐ Yes  
☐ No

**If YES what is your  
Incorporation Number?**

**If you have an ABN  
please complete here**

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

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN. Supply the ABN of the auspice if applicable

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If you DO NOT have an ABN please complete an [ATO Statement by Supplier](#) form and attach below, otherwise 48.5% of any approved grant may be withheld.

### ATO Statement by Supplier Form

Attach a file:

### Bank Details

#### Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

### Contact Details

#### Contact Name \*

First Name

Last Name

#### Position in your organisation \*

#### Primary Phone Number \*

Must be an Australian phone number

#### Contact Email \*

### Auspice Details

If your organisation is **NOT Incorporated** please provide the details of your auspice below, including contact details, ABN and banking details.

**More information about auspice arrangements can be found [here](#).**

#### Auspice Contact

☐ Individual

☐ Organisation

Organisation Name

Title

First Name

Last Name

#### Auspice Address

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Address

  

**Auspice Email**

Must be an email address.

**Auspice Phone Number**

Must be an Australian phone number.

**Auspice 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Auspice Bank Account**

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

**Your Organisation**

**What is the primary purpose of your organisation? \***

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**When was your organisation established?**

**Number of members/volunteers \***

**Please estimate the number of members who are Shire of Mundaring residents \***

**Who owns the premises from which you operate? \***

**Do you require approval from the owner to undertake the proposed event? \***

- ☐ Yes  
☐ No

## Project Details

*\* indicates a required field*

**Event Title \***

**Please provide a detailed description of the proposed event \***

Must be at least 50 words

**Date of Event \***

Must be a date.

**How many people do you expect to attend the event? \***

**What specifically, will you use the grant funds for? \***

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## Form Preview

What items will the funding pay for?

**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)

**Who are the expected primary beneficiaries of this project/program? \***

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

**How will members of your organisation benefit from the event? \***

Must be between 50 and 100 words

**What consultation did you undertake with members of your organisation regarding their support for the event? \***

Must be at least 25 words

**How do you plan to address issues of Access and Inclusion? \***

To ensure that you have adequately addressed Access and Inclusion for your event, please complete the [Accessible Events Checklist](#).

**Which of the following promotional activities will take place? \***

- ☐ Social media
- ☐ Newspaper advertising
- ☐ Media release
- ☐ Banners
- ☐ Posters
- ☐ Website
- ☐ Verbally at event
- ☐ Other

At least 3 choices must be selected. These are the tools you will use to promote your event.

**How will the group acknowledge the**

- ☐ Social media
- ☐ Website
- ☐ Media release

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### Shire of Mundaring contribution?

- ☐ Newsletter
- ☐ Shire logo on all promotional material (required)
- ☐ Shire banners at event (required)
- ☐ Invitation to Councillor to attend (required)
- ☐ Other:

## Evaluation

\* indicates a required field

### What are the expected outcomes of the project? \*

What do you hope to achieve?

### How will you know if these outcomes have been achieved? \*

In what ways will you evaluate whether you have achieved your goals? Describe the ways in which you will gather evidence.

## Attachments

### If necessary, additional information can be attached here

Attach a file:

## Budget

\* indicates a required field

### Budget

Please include income and expenditure for the event only, not your organisations total operating budget.

Include only the 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

Include all costs associated with running the event in the expenditure section. For expense items over \$500 please provide quotes in the upload area below.

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The income and expenditure totals should match and show how you will expend the \$2500 grant.

### Registered for Goods and Services Tax

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

### Not registered for Goods and Services Tax

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

## Budget

Income	Amount	Expenditure	Amount
	Must be a dollar amount.		Must be a dollar amount.
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

## Budget Totals

### Total Income Amount

Total Income Amount

\$

This number/amount is calculated.

### Total Expenditure Amount

Total Expenditure Amount

\$

This number/amount is calculated.

### Income-Expenditure

Income - Expenditure

\$

This number/amount is calculated.

### Total Amount Requested \*

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

## Quotes

Please upload quotes for items over \$500.

### Quotes

Attach a file:



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### Declaration

\* indicates a required field

I understand that I may be required to supply further information prior to consideration of this application.

I understand that should the application be successful, an acquittal report will be submitted to the Shire of Mundaring within three months of the project finishing.

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 and Engagement at the Shire of Mundaring.

I am authorised to make this application on behalf of the organisation. The information given is true and correct.

**I have read and agree to the above: \***

- ☐ Yes, I have read and agree  
☐ No, I do not agree

**Authorised Person \***

Title

First Name

Last Name

**Position \***

**Date \***

### Feedback

#### Applying for a Milestone Event Grant

We would appreciate your feedback on the application process for our Milestone Event Grant. Please take a short moment to answer the following questions.

If you would like to provide more detailed feedback, please contact the Community Capacity Building Officer on 9290 6678 or [ccbo@mundaring.wa.gov.au](mailto:ccbo@mundaring.wa.gov.au).

#### How did you find out about this grant opportunity?

- ☐ Shire of Mundaring Volunteer Bulletin  
☐ Social Media  
☐ Shire website  
☐ Community noticeboard  
☐ Local newspapers  
☐ Other:

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**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

**Do you have any comments or feedback to share with us about the application process?**