Form Preview

## Applying for an InspireArts Grant

\* indicates a required field

All applicants must discuss their eligibility, ideas and options with the Community Capacity Building Officer before submitting an application, on 9290 6678 or via ccbo@mundaring.wa.gov.au.

In addition, you must read the <u>Grant Guidelines</u> for further information and 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

### Required Documentation

To complete your application you will need:

- 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;
- A copy of your current Public Liability Insurance (minimum \$10 million) if the initiative/ project involves public attendance or participation;
- Quotes for items over \$500; and
- Name and contact details of a referee. **Please note:** Members of the Shire's Cultural Advisory Group cannot be listed as referee's on InspireArts grant applications.

### Who is applying?

### Are you applying as an incorporated group, individual or auspice? \*

- Incorporated groups can apply for up to \$3000
- O Individuals up to \$1000 (individuals seeking over \$1000 to a maximum of \$2000 will need to be auspiced)
- Auspice organisation

#### Total Amount requested - incorporated group \*

\$

Maximum amount \$3000

### Total Amount requested - individual \*

\$

Individuals seeking over \$1000 to a maximum of \$2000 will need to be auspiced. Maximum amount \$2000

## Applicant details

• If you are applying as an incorporated group please select 'organisation' below.

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Entity name

• If you are applying as an individual please select 'Individual' below. Applicant \* ○ Individual ○ Organisation Organisation Name Title First Name Last Name Applicant Position \* Applicant Primary Phone Number \* Must be an Australian phone number. If a land line please put prefix, e.g. 0892906715 Applicant Primary Email \* Must be an email address. **Applicant Primary Address \*** Address Applicant Postal Address \* Address Do you have an Australian Business Number (ABN)? \* O Yes  $\bigcirc$  No Applicant ABN & Account number Applicant 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

ABN status Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More informa	<u>tion</u>
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
Banking Details	
Please provide your banking details for ease of	f payment by EFT.
<b>Please note:</b> If you are an individual applicar need to apply through an auspice.	nt and your request is above \$1000 you will
Applicant Primary Bank Account * Account Name	
BSB Number Account Number	
Must be a valid Australian bank account format.	
If you do not have an ABN please comple and attach below, otherwise 48.5% of an	
ATO Statement by Supplier Form * Attach a file:	
<b>Is your organisation Incorporated? *</b> ○ Yes	○ No
What is your incorporation number? *	
Auspice information	
Please provide the details of the organisation	that is auspicing your application
Auspice contact * Title First Name Last Name	

Auspice Position *
Auspice Primary Address *
Address
Auspice Primary Phone Number *
Must be an Australian phone number.
If a land line please put prefix, e.g. 0892906715
Augnico Drimany Empil *
Auspice Primary Email *
Must be an email address.
Auspice ABN *
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Information from the Australian Business Register
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Public Liability I Attach a file:	nsurance	*			
Organisation	al Infori	mation			
* indicates a requi	ired field				
Your Organisa	ition				
What is the prim	nary purp	ose of your org	ganisation? *		
	F0 1				
Must be no more that	an 50 words				
When was your organisation established? *	on Numbe	r of members/volunteers	* Please estimate the of members who a Mundaring residen	re Shire of	Source/s of Income *  Membership Fees Fundraising Grants/Sponsorship
	Numbe	r of paid staff, if any *	Must be a nur	mber.	□ Other:
					Must be at least 1 choice selected
Organications	l Mamba	arc			
Organisationa	I MEIID				
President * First Name Last N	Name	Treasurer * First Name	Last Name	<b>Secretary</b> First Name	* Last Name
Recognition					
How will the org	anisation	n acknowledge	the Shire of	Mundarii	ng contribution? *
e.g. newsletter, med	dia release	social media verh	allv		
eigi newsierei, mee		Joelai meala, vers	any		
Project inform	mation				
* indicates a requi	ired field				
Project Title *					
Project Start Da	te *				

Must be a date.		
Project End Date *		
Must be a date.		
Short project description *		
Word count: Must be at least 50 words.		
Priority will be given to application	s that address one or more of the	following objectives:
<ul> <li>Provide access to arts and cullengaged;</li> <li>Demonstrate sustainable and/</li> </ul>	and collaborations with other cult tural activity within the Shire to g or long term artistic and cultural l ocal residents in local arts and cul	roups not previously benefits; and
Applications should:		
<ul><li>Demonstrate the level of com</li><li>Demonstrate the group's capa</li></ul>	community contribution and parti	for the project;
of the community; and	e initiative/project is inclusive and es of the initiative will be evaluate	
How will this activity meet the	objectives of this grant? (see	above) *
Word count:		
What are the planned activities	s? <b>*</b>	
•		
Please provide a detailed overview of a involvement and description of your ta		artnerships; local business
What will the grant be used for	specifically *	

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Must be no more than 200 Please list the items this f	
What are the primar	y areas of focus for this project/program? *
Only select sub-categorie	items. You can select items from any area of the list – all have equal value. s if you want to be more specific. In this question we want to know about the ort, health), rather than the types of people it will affect (e.g. young people,
Who are the primary	beneficiaries of this project/program? *
No more than 5 choices m Please choose only the gr	nay be selected. roup/s that are at the very core of this project/program
	you take to ensure that the project is inclusive and accessible
to all members of th	e community? *
	equal access to opportunities and resources for people who might otherwise sed, such as those who have physical or mental disabilities and members of
	ou take to ensure that the activities you undertake comply ent guidelines related to COVID-19? *
with State Governme	sit guidelines related to COVID-19:
Please see the link for CO requirements	VID Safety at Events to assist with addressing your COVID safety
Key Strategic obje	ectives
Please identify at least Community Plan that a	one Key Strategic Objective from the Shire of Mundaring <u>Strategic</u> ligns with your project

Please select at least one strategic community objective from the below list \*

LIC	ease select at least one strategic community objective from the below list
	Community - Healthy, safe, sustainable and resilient community
	Community - Flourishing local business
	Community - Everyone belongs
	Natural Environment - Protecting natural areas and biodiversity
	Natural Environment - Water management that is efficient and sustainable
	Natural Environment - Waste management that is efficient and sustainable
	Natural Environment - Energy management that is efficient and sustainable
	Built Environment - Shire assets and facilities that support services and meet community
ne	ed
	Built Environment - Preservation of local heritage buildings and places of interest
	Governance - Civic leadership
	Governance - A well engaged and informed community
At I	least 1 choice must be selected.

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Please see Strategic Community Plan 2020/2030

Which of the following promotional activities will take place? *  □ Social media posts
□ Newspaper advertising
□ Media release
□ Banners
□ Posters □ Video
□ Website
□ Other:
These are the tools you will use to promote your event.
Evaluation
What are the expected outcomes of the project? *
What do you hope to achieve?
How will the organisation know if these outcomes have been achieved? *
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

## Budget

### Please provide a detailed budget for your project.

Please include income and expenditure for the **project 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

Include all costs associated with the project in the expenditure column, not just those items covered by this grant.

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#### This grant will **not** cover:

- Activities/projects that have already been undertaken (funding will not be paid retrospectively)
- Applicants who have not acquitted a previous Shire grant of the same grant type
- Applicants who are profit-making or represent a profit-making enterprise
- Capital works or purchases
- Corporate events or projects
- Recurrent operational and staffing costs (e.g. wages)
- Educational Institutions (eg schools. Parents and Citizen's Associations may apply)
- Deficit funding
- Sponsorship
- The purchase of alcohol
- The purchase of prizes and gifts
- Activities that are the core funding responsibility of other government agencies
- Equipment costs that are not an element of the initiative or project
- Commercial projects for the personal or financial benefit of the applicant
- Faith-based activities of religious organisations
- Projects with a political purpose
- Lobbying activities
- Community events that may be funded via the Shire's Community Event Grant

#### **Total Amount Requested**

\$

Taken from entry on Page 1 of this application

### Budget

### How to complete the budget section:

- Please outline all the costs for the project. Please do not add commas to figures e.g. type \$1000 not \$1,000 this will ensure the figures for each table total correctly.
- For expense items over \$500, one written estimate, advertised price or written quote will need to be provided in the file upload area below.

### **Registered for Goods and Services Tax**

• If you are registered for GST you must show expenditure items exclusive of the GST component. If the project 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 expenditure items inclusive of the GST component. If the project is funded, the payment will include the GST component for those items on which GST is payable.

Income Income Confirmed ExpenditureExpenditureGST Quotes for description amount funding description amount amount (if expenses applicable) over \$500

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	\$		\$		
	\$		\$		
grant	Must be a dollar amount.		Must be a dollar amount.		over \$500.
Culture and Arts Grant,	Please put \$0 if does not applicable		applicable	a dollar amount.	Please attach a quote for expenses

## In kind support

In kind support captures services or equipment that can be used by the organisation or individual in lieu of a financial income amount. An example might be hall hire or BBQ use for an event, or volunteer hours.

Please attribute a dollar amount below with a description of any in kind support for this application.

In kind support description in kind support amount		Confirmed in kind support			
	Must be a dollar amount.				

## **Budget Totals**

Total Income Amount	Total Expenditure Amount	In kind total		
\$	\$			
This number/amount is calculated.	This number/amount is calculated. Includes GST (if applicable)	This number/amount is calculated.		

### Additional Information

Please upload any other documentation	that may support your application
Attach a file:	

## Declaration

\* indicates a required field

### 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 Na	ame	
Position *					
Organisation Name *					
Office Phone Number *					
	If a land line	olease put prefix, e	.g. 0892	906715	
Acknowledgement					
	ACKNOWLE	EDGEMENT			
	If your application is successful and the project proceeds, approval of funding does not, in any way, exclude applicants from having to obtain the appropriate permits, consents or approvals required by the Shire's health and facility bookings services.				
	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.				
	I understand that monies received as a result of this application must be used in accordance with the <a href="Shire">Shire</a> of Mundaring's Policies and <a href="Strategic Community Plan">Strategic Community Plan</a> 2020-2030 and the <a href="Community Grant Funding Guidelines">Community Grant Funding Guidelines</a> .				
	I understand that any variations to the original request for funding will need to be addressed to the Manager Libraries & Community Engagement at the Shire of Mundaring.				ager Libraries
	I am authorised to make this application on behalf of the organisation I represent. The information given is true and correct.				
I have read and agree to the above: *		ve read and agre not agree	e		
Authorised Person *	Title	First Name	ļ	Last Nam	е
Position *					

Date *		
	Must be a date	
Feedback		
Feedback - InspireArts Grant		
We would appreciate your feedback on the application process for our InspireArts Grant. Please take a 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 <a href="mailto:ccbo@mundaring.wa.gov.au">ccbo@mundaring.wa.gov.au</a> .		
To what extent do you agree with the following statements about this grant opportunity?		
The grant application process was clear and straight-forward Ostrongly agree Agree Neutral Disagree Strongly disagree	It was easy to find out about previously funded projects Ostrongly agree Agree Neutral Disagree Strongly disagree	Support from Grants Administrators was helpful, respectful and timely Ostrongly agree Agree Neutral Disagree Strongly disagree
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:		
Do you have any comments or feedback to share with us about the application process?		