Volunteer Recognition Event Grant Application Form 2024 Form Preview

Grant Guidelines

* indicates a required field

As a volunteer, sporting or other non-profit community organisation within the Shire of Mundaring, you are invited to apply to Council for funding of \$300 to assist in holding an event that recognises your group's volunteer contribution and their importance to the local community.

Council will receive applications for the funding of a Recognition Event at any time, however only one application per calendar year can be submitted.

Funding will not be provided for an event which is held before the application is approved.

This grant does not require an acquittal.

Required Documentation:

To complete your application, you will need:

- 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;
- A detailed budget for your event.

Please refer to the full <u>Grant Guidelines</u> for further information before proceeding with your application.

Contact Details

Organisation Name	*	
Organisation Primar Address	ry Address	
Organisation Postal	Address	
Address	Audress	
Contact Person * First Name	Last Name	
Position *		

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Does your organisation have an ABN? * O Yes O No Please provide ABN: 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 More information ACNC Registration		
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ACNC Registration	DGR Endorsed	
	ATO Charity Type More inform	nation
Tax Concessions	ACNC Registration	
	Tax Concessions	
Main business location	Main business location	
If your organisation does not hold an ABN please complete the <u>Statement by</u> Supplier form and attach below.	Supplier form and attach below.	BN please complete the <u>Statement by</u>
Statement by Supplier * Attach a file:	Statement by Supplier * Attach a file:	
acach a me.	Accordance.	

Banking Details

Please provide your banking details for ease of payment by EFT.

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Applicant Primary Bank Account *	Account Name		
	BSB Number	Account Number	
	Must be a valid Aus	tralian bank account format.	
Event Details			
Lvent Details			
* indicates a required field			
Short project description *			
Must be at least 25 words			
What are the primary areas o	f focus for this p	roject/program? *	
You may select up to five items. You Only select sub-categories if you war field of work (e.g. arts, sport, health) refugees)	nt to be more specific	c. In this question we want to kr	now about th
Who are the expected primar	y beneficiaries o	f this project/program? *	
Please choose only the group/s that open to everyone, choose the first it			
How is this project/program of	of benefit to the	target group? *	
Word count: Must be at least 50 words.			
Date of event *			
How will you recognise Shire	of Mundaring's o	contribution? *	
What financial contribution (i event? *	f any) will your c	organisation make toward	ls the

Budget

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Income description	Income amount	Expenditure description	•	GST amount (if applicable)
e.g. WA Govt. Culture and Arts Grant, Lotterywest grant	Must be a dollar amount.			Must be a dollar amount.
J -				

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	Confirmation
	Must be a dollar amount.	
Budget Totals		

Total Income Amount	Total Expenditure Amount	Total In Kind Amount
\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Declaration

* indicates a required field

Acknowledgement

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

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: *	Yes, I have read and agreeNo, I do not agree		
Authorised Person *	Title	First Name	Last Name

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Position *			
Date *			
Feedback			
Feedback for a Voluntee	er Recognition Event Gr	ant	
We would appreciate your feed Event Grant. Please take a sho			
If you would like to provide mo Building Officer on 9290 6678 of			
To what extent do you agre opportunity?	e with the following staten	nents about this grant	
O Strongly agree O Agree Neutral 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	
How did you find out about Volunteer Newsletter Social Media Shire Website Community Noticeboard Local Newspapers Word of Mouth Email from Shire Other:	this grant opportunity?		
Do you have any comments or feedback to share with us about the application process?			