Arts Season 2025 Form Preview

PART 1 - ARF YOU FLIGIBLE?

* indicates a required field

The Town of Victoria Park is here to help you complete your grant application. Speak the Grants Admin Officer or Community Arts Officer if you need any assistance.

The following documents may assist with your application:

- Strategic Community Plan
- Arts and Culture Plan
- Grant Application Tips

Incomplete applications and/or applications received after the closing date may not be accepted.

Eligible Applicants - Indicate which category best suits you or your organisation as the Applicant $\mbox{*}$

To proceed, please confirm you meet the Eligibility Criteria below. If you do not meet one of the criteria, please contact us.

- You do not have an outstanding financial debt with the Town.
- You have adequately acquitted all previous grants with the Town.
- You have not completed the project.
- You are not an employee of the Town, an Elected Member or a 'closely associated person' (as defined by the Local Government Act).
- You are an unincorporated group applying for less than \$500,or you are an Incorporated Association or auspiced by an Incorporated Association applying for up to \$5,000.
- You have or are able to purchase public liability insurance to the value of \$10 million should the initiative require it.

Please select: *

- Yes, I meet the criteria above.
- O No, I do not meet the criteria above, but have support from the Arts Officer submit an application.

Upload your public liability insurance. Note - this is optional and can be provided if successful.

Attach a file:

Actuen a me.	
Upload Certificate of Incorporation of a	nnlicant or ausnicing Incorporated
•	pplicalle of daspicing incorporated
Association.	
Attach a file:	

Upload letter confirm Attach a file:	ming auspicing by In	corporated Associat	ion.
PART 2 - WHO A	RE YOU?		
* indicates a required	field		
Use or disclosure of	personal informatio	n	
	ary purpose for which it r process your transact oplicable legislation in	was collected, for exa tion. Personal informat Western Australia and	imple to allow us to ion will be dealt with in consistent with any legal
Conflict of Interes	st		
the applicant's obligation the application? If an E	ed to constitute, an act ions to adhere to the Fi lected Member works r governing body, this i	ual or potential conflic unding Agreement or v for or resides on an ap	t of interest with either which may unduly impact
☐ Yes ☐ No			
If yes, please provid of interest arises	le sufficient details a	s to how the actual	or perceived conflict
Applicant Organis	sation Details		
Organisation Name O Individual Organisation Name	* ○ Organisation		
First Name	Last Name		

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Postal Address * Address		
Contact Phone Number *		
Contact Fore!!		
Contact Email *		
Applicant ABN (unless ATC	Statement of Supplier f	form applicable)
	••	
The ABN provided will be used check that you have entered		formation. Click Lookup above to
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.		
Are you registered for GS1	Γ?	
Are you registered for ost		
ATO Statement by A Suppl	lier	
If you do not have an ABN for your incorporated association or from your auspice organization, please supply a "Statement by A Supplier" form from the Australian Taxation Office which can be found here <u>Statement by a supplier not quoting an ABN.</u>		
Attach a file:		
Upload completed ATO Statemer	nt by A Supplier form.	

Applicant Organisation Bank Account Account Name

BSB Number Account Number
Must be a valid Australian bank account format.
Auspice Contact Details
If you are not an Incorporated Association, please provide your auspice organisation contact details.
Auspice Organisation Organisation Name
Auspice Postal Address Address
Auspice Primary Contact Person
Auspice Phone Number
Must be an Australian phone number.
Auspice Mobile Phone Number
Must be an Australian phone number.
Auspice Email
Must be an email address.
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

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Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <u>More information</u>
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.
Previous Grants or Sponsorship
List any previous grants you applied for over the last three years with the Town (grant y project name / successful or unsuccessful / amount received).
PART 3 - WHAT ARE YOU PLANNING?
* indicates a required field
Project Title *
Brief Description of Project *
Word count:
Must be no more than 100 words. Provide a short description of your project or activity - what do you want do?
Anticipated Start Date *
Must be a date. Arts Season is April 1-30

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List any needed eg. tenants, building owner, landlord, road closure, park booking etc. and when these will be secured. Write "n/a" if not relevant.

Tell us about your experien	ce managing projec	ts like this. *		
Word count: Must be no more than 100 words.				
PART 5 - HOW ARE YO	U FUNDING THE	PROJECT?		
* indicates a required field				
Total Grant Funds Requested (excluding GST) * \$ Must be a dollar amount. Initiative Budget Include income from any other sources of funding or sponsorship. Please ensure the "Income-Expenditure" below, equals the "Total Grant Funds Requested" above.				
Income Item \$ (excl	uding GST) Expen	diture Item	\$ (excluding GST)	
\$			\$	
\$			\$	
\$			\$	
\$ \$			\$ \$	
	<u> </u>		\$	
\$			\$	
Ψ \$	<u> </u>		\$	
Budget Totals	Total Expenditure Amount	Income - \$	Expenditure	

Quotes

Any expenditure items up to \$5,000 require a quote. For any expenditure items above \$5,000, the Town requires a minimum of three written quotes.

Expenditure Item 1	Expenditure Item 2	Expenditure Item 3
In-Kind Contributions		
The volunteer hours you pu other In-Kind Contributions,		nportant, please estimate this, and any
Item	Provider	Estimated Value (\$ excluding GST)
		Must be a dollar amount.
		\$
		\$
		\$
If you have anything else yo	ou would like to tell us abo	out the budget, please do so here.
Word count:		
Upload more information Attach a file:	n here	