Community Grant Application Form

* indicates a required field

Community Grant Eligibility

Community grants provide an opportunity for groups and individuals to build the capacity and well-being of Town of Victoria Park community through promoting sustainable connected, safe, and diverse places for everyone.

Before completing this application form, you should have read Policy 114 Community funding guidelines.

As per Policy 114, Elected Members, Town staff or relative of an Elected Member or Town staff are not eligible for funding.

Town's Strategic Community Plan

Grant application tips

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions first to ensure you are not applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact the Town's Grants Officer on 9311 8111 or by email admin@vicpark.wa.gov.au

Confirmation of Community Grant Eligibility

The applicant has read and understands the program guidelines and has the appropriate type of and level of insurance for the activities that are subject of this grant.

The applicant must be:

a. not-for profit organisations;

b. community group or clubs;

c. artist, individuals and businesses;

d. resident associations;

e. town teams or place-based groups;

f. parents and citizens (P&C) and parents and friends (P&F) associations;

g, schools (only for projects falling outside the Department of Education responsibiities); and

h. social-enterprises

Please select below: *
○ Yes   ○ No
You must confirm that all statements above are true and correct.

Conflict of Interest

Are there any circumstances, arrangements or understandings which constitutes, or may reasonably by, perceived to constitute, an actual or potential conflict of interest with either the applicant's obligations to adhere to the Funding Agreement or which may unduly impact the application? If an Elected Member works for or resides on an applicant's Board of Management, or similar governing body, this must be declared as a conflict of interest, as Community Grants will be considered by Council.

New Question

☐ Yes ☐ No

If yes, please provide sufficient details how the actual or perceived conflict of interest arises.

Contact Details

* indicates a required field

Privacy - Use of disclosure of personal information

Any personal information we collect through victoriapark.wa.gov.au may be used or disclosed for the primary purpose for which it was collected, for example to allow us to answer your enquiry or process your transaction.

Personal information will be dealt with in accordance with the applicable legislation in Western Australia and consistent with any legal obligation.

To view our privacy statement go to victoriapark.wa.gov.au

Applicant Organisation Details

Applicant organisation name *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.
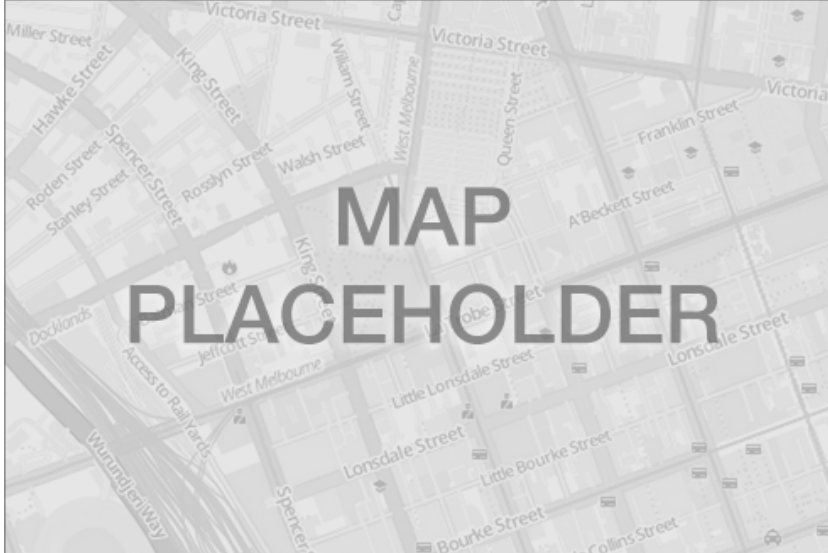
Organisation

Use this field only if relevant

Applicant Primary Address
Address

Applicant Postal Address

Address

Local Government

Applicant website

Must be a URL

Primary contact person *

Title   First Name   Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

Is your organisation incorporated? *
○ Yes
○ No

Please attach a copy of your Certificate of Incorporation
Attach a file:

Does the organisation have public liability insurance to the value of $10,000,000 (ten million dollars)? *
○ Yes   ○ No

Please upload your public liability insurance
Attach a file:

Does your organisation have an ABN? *
○ Yes   ○ No

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
Tax Concessions
Main business location

Must be an ABN

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO](#).

Please upload completed Statement of Supplier Form:
Attach a file:

Max 25mb

Is the organisation GST registered? *
☐   Yes   ☐   No

What is your incorporation number?

Incorporated Association or Australian Corporation Number

Please upload Certificate of Incorporaton
Attach a file:

Max 24mb

What type of not-for-profit organisation are you?
○   Social enterprise or business
○   Community group or club
○   Parents and Citizens (P&C) or Parents and Friends (P&F) Associations
○   Resident Association
○   Schools (only for projects falling outside the Department of Education responsibilities)
○
Please choose the option that best applies to your organisation.

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant?

○ Yes   ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Auspicing organisation's website

Must be a URL

Primary contact person at auspicing organisation *

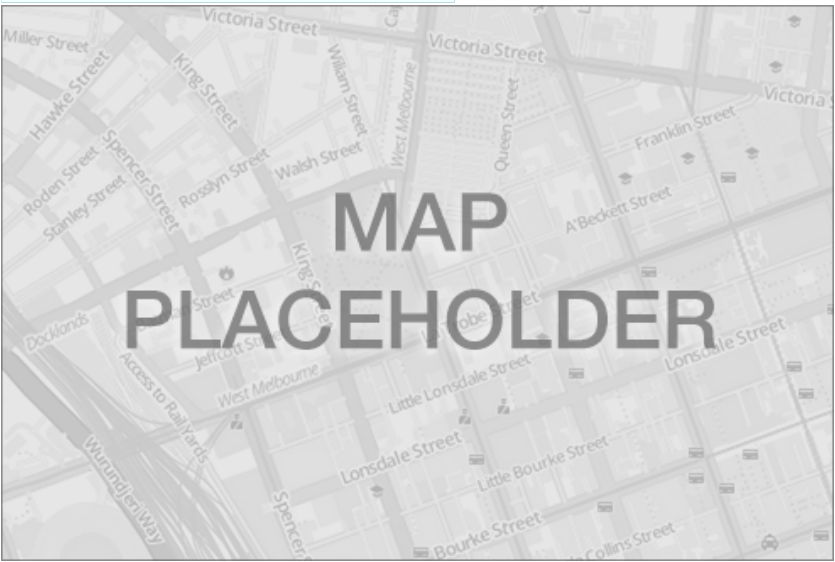Title   First Name   Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Primary Address

Address

MAP PLACEHOLDER

Auspice Postal Address

Address

Position held in organisation

e.g. Manager, CEO

Auspice Local Government

Contact person's primary phone number *

Contact person's back-up phone number

Contact person's email address *

Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Does the auspicing organisation have an Australian Business Number (ABN)? *

○ Yes   ○ No

ABN of Auspice organisation

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

As the auspice organisation does not have an ABN, please submit a completed Australian Taxation Office (ATO) Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from: <u>Statement by a supplier - ATO form</u>

Please upload a completed Statement of Supplier form
Attach a file:

Max 25mb

Previous grants and sponsorships

* indicates a required field

Has your organisation received funding from the Town of Victoria Park within the last three years? *
○ Yes
○ No

List any previous funding you've received from the Town that has not been acquitted

Has this project been formally acquitted in accordance with the Town's requirements
○ Yes all forms have been submitted and approved
○ No, the acquittal is still outstanding

Project Details

* indicates a required field

Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank

If unknown, provide your best guess or leave blank. Needs to be after 16 February 2025.

Q1. Provide a brief summary of your project *

Q2. What steps have you taken to ensure this initiative is suitable, accessible and inclusive of all members of the community? *

Q3. How do you know the project is needed by the community? (e.g. research, survey, time to upgrade). How many people will benefit? *

Q4. How does this initiative encourage involvement of the Victoria Park community? (i.e. consider volunteers that will assist with organising the activity, the extent of which your event will be providing opportunities for local organisations and businesses to be involved and the extent to which you will be purchasing goods and services from local businesses) *

Q5. Is the project free for the community? *
○ Yes   ○ No

Q6. Is the project located within the Town? *
○ Yes   ○ No

Alignment to Victoria Park Community Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)

- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

Your outcomes	Alignment with our outcomes	How does your intended outcome link to our outcomes?
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	Which of our outcomes will your project contribute to (e.g. improved wellbeing) ? If multiple apply pick the most relevant. No more than 1 choice may be selected.	Please explain how your intended outcome helps contribute to ours? (e.g. enhanced physical fitness has been linked to improved wellbeing).

Town of Victoria Park Outcome Measures

These measures indicate whether or not progress towards an outcome is occurring, and quantify the extent to which it is occurring. Here we would like you tell us which of our quantitative measures you will be able to report on.

Metric	Target	Collection method
Which of our measures will you track? You may be required to report on your progress. Add more rows if you want to list additional metrics. No more than 1 choice may be selected.	Identify a target for the measure you have chosen - an estimated total for your project. Must be a number.	How will you collect and verify the data? E.g. survey, interviews/ case studies, focus groups, administrative data (e.g. case management data), observation/ estimation, government or public dataset (e.g. Census), other datasets.

Inputs (Budget)

* indicates a required field

Total Amount Requested

$

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

Total Project/Program Cost

$

What is the total budgeted cost (dollars) of your project?

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures this will ensure your figures for each table total correctly.

Input of income and expenditure will automatically update the total budget section.

Income Description	Income Type	Confirmed Funding?	Income Amount ($)	Notes
			$	
			$	
			$	
			$	

Expenditure Description	Expenditure Type	Expenditure Amount ($)	Notes
		$	
		$	
		$	
		$	

Budget Totals

Total Income Amount *

$

This number/amount is calculated.

Total Expenditure Amount *

$

This number/amount is calculated.

Income - Expenditure *

This number/amount is calculated.

Please attach quotes for goods and/or services
Attach a file:

(All items over $500 must include a quote. Items $5,000 and over require three quotes).

Funding Request

If the full amount of this request is not granted, will your project still go ahead?

○ Yes

○ No

Please explain the impact on your project if the program does not fund or only partially funds the project

In Kind Support from the Town

Types of In-kind support are:

- The use of the Town's facilities (Town's Park and venues)
- The use of Town's assets (Parking signs, bike racks and marquees)
- Promotions and marketing through the Town's Communications team.

Item Description	Estimated Amount	New Question
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
		Must be a dollar amount.

In-Kind Contributions

The volunteer hours you put into your initiative are important, please estimate this, and any other In-Kind contributions, below.

See below link to Volunteer benefits calculator for hourly rate for volunteers.

Volunteering	Volunteer Hours	Estimated Amount	Total In-Kind Contributions
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
	Must be a number.	https://www.volunteeringwa.org.resources/volunteer-benefits-calculator Must be a dollar amount.	This number/amount is calculated.

Applicant Capacity

Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application

Include in this section information about your strategies for providing the inputs (money, staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Please provide a link to or attach a copy of your most recent Annual Report.

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Provide Annual Report

Attach a file:

Provide web link

Must be a URL

Supporting Material

Please provide the following documents:

- A project plan
- Risk Management Strategy including COVID-19 Risks
- The organisation's latest Annual Report
- Quotes for goods and/or services (all items $500 must include a quote. Items $5,000 and over require three quotes
- The most recent audited financial statement
- Evidence of permission or support for your activity (if required)
- Details about previous grants received from the Town of Victoria Park (if required)
- Additional budget items and information (if required)
- Additional in kind support (if required)
- Any other information that you think will assist the Town in assessing your application

Please note that an application is not considered complete without the above additional information being provided. Should you have any questions on how

best to provide this information please contact the Towns Grant Officer on (08)9311 8111.

Please add files here
Attach a file:

Code of Conduct

As a grant recipient you are considered to be a representative of the Town. We are proud to be able to assist you and want to ensure that the grants process is an enjoyable one for all involved. Both the grant recipient and Town will be held accountable to the following code of conduct. Please read carefully the following statements and ensure that you agree before moving forward with your application.

As a grant recipient I/We will:

- be open and accountable
- present in a professional manner
- treat others with respect and fairness
- be accountable
- act lawfully, with honesty and integrity

Please indicate your commitment to upholding this code of conduct
○ We agree
○ We do not agree

Initiation of successful grants

Grant payment details

Account Name

BSB

Account number

Please indicate the date by which you would need the payment if you were successful

Must be a date.

Please indicate whether you would like to attend an initiation meeting with Town staff
○ Yes I would love to meet with a team of staff who can help me start my exciting project!

○ No thanks, this is not relevant to what I am doing

Please indicate what information you need below on the following
☐ Permits and approvals to food stalls or businesses
☐ Permits and approvals for public buildings
☐ Permits and approvals for temporary structures and electrical works
☐ Place activation
☐ Events management advice and support
☐ Event co-ordination process
☐ Event bookings, permits and forms
☐ Road Closures processes
☐ Permissibility of land uses (including temporary land uses)
☐ Marketing and promotion opportunities (as per the outline within the Grants Application Toolkit)
☐ Parks and reserves bookings
☐ Function room and facilities bookings

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *   ○ Yes   ○ No

Name of authorised person *

Title	First Name	Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.