Place Grant Application Form

* indicates a required field

Place Grant Eligibility

Eligibility criteria apply, so it is recommended you speak with your local Place Leader for advice before you fill out an application.

The Place Leader will give information on eligibility criteria, planning initiatives and preparing applications.

By contacting your local Place Leader via placeplanning@vicpark.wa.gov.au or phone on 9311 8111. The Town of Victoria Park is here to help you with you grant application.

Place Grants aim to support community-led initiatives that:

- Make a positive contribution to the physical character, amenity or activation of a neighbourhood
- Build the capacity and capability of a town team or place-based group

Initiatives should foster collaboration and active participation of local people (residents, workers, business owners and/or community groups etc.) to address local priorities and improve local neighbourhoods.

Before completing this application form, you should have read the guidelines and Community Funding Policy 114.

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

Confirmation of Place 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.

Organisations eligible for funding:

a) not-for-profit organisations;

(b) community group or clubs;

(c) artists, individuals, and businesses;

(d) resident associations;

(e) town teams or place-based groups;

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

(g) schools (only for projects falling outside the Department of Education responsibilities)

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?

*

☐ No
☐ Yes

If yes, please provide sufficient details as to 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

Organisation/ Business/ Individual *
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.

Applicant Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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.

Primary contact person's email address *

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

Auspice Organisation

Auspice
○ Individual ○ Organisation
Organisation Name

Title First Name Last Name

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Auspice Position

Auspice Primary Address
Address

Auspice Primary Phone Number

Must be an Australian phone number.

Organisation Details

* indicates a required field

Does the organisation have public liability insurance to the value of $10,000,000 (10 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

If 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

Previous grants

* indicates a required field

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

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/purchase/initiative. Your title should be short but descriptive

Project Location / Address

Brief Description of Your Project

Must be no more than 100 words. Provide a short description of your initiative - what are you out to do?

Anticipated start date *

If unknown, provide your best guess or leave blank

Anticipated end date *

If unknown, provide your best guess or leave blank

Planning

Q1. Are there any risks and how would they be managed? *

Word Count - 100 words

Q2.How will you acknowledge the Town's contribution? i.e. Social Media *

Word Count - 100 words

Q3. Do you need any permissions from third parties to carry out the project (e.g. building owner)? *

Word Count - 100 words

Criteria

* indicates a required field

Q1. How will your project make a positive contribution to the physical character or activation of a place and/or build the capacity and capability of a town team or place-based group? (40% weighting) *

Word Count - Must be no more than 200 words

Q2. How will your project foster collaboration and active participation of local people (residents, workers, business owners and/or community groups etc) 25% weighting? *

Word Count - Must be no more than 200 words

Q3. How will your project align with any of the Town's Strategic Community Priorities in the Strategic Community Plan? Choose a Community Priority like EC2, or EN3 or EN4 and explain how your project supports this. (See notes below) 25% wieighting *

Word Count - Must be no more than 200 words (S

Strategic Community Plan

Economic

- **EC2 -** Connecting businesses and people to our local activity centres through place planning and activation.

Environment

- **EN3** - Enhancing and enabling liveability through planning, urban design and development.
- **EN4** - Increasing and improving public open spaces.

Q4. Tell us about your experience managing initiatives like this (10% weighting)*

Word count: Must be no more than 200 words

Project Budget

* indicates a required field

Total Amount Requested (excluding GST) from the Place Grant (up to $15,000 or $5,000 for murals)

$

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

Total Project/Purchase Cost

$

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

Budget (GST exclusive)

Income Items - please include any income you might earn from the project or any financial contributions from other sources e.g. other funding or sponsorship, or your own cash. If you are not making any income, please do not fill in that column.

Design fees may be requested as part of the project budget but will be considered on a case-by-case basis depending on the complexity and size of application.

Expenditure Items - please provide a breakdown of your project costs by item and attach quotes or other evidence of costs in section below.

Please ensure that "Income" minus "Expenditure" equals the "Total Funds Requested" above.

Income Description	Income Type	Income Amount ($)	Notes
		$	
		$	
		$	
		$	

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

Budget Totals

Total Income Amount *

$

Total Expenditure Amount *

$

Income - Expenditure *

This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

Please attach quotes for goods/equipment
Attach a file:

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

In-Kind Support From The Town

List Items required (if any)

Volunteer Contribution

The volunteer hours you or other organisations put into your project are important. Please estimate this and any other In-Kind Contributions below. Note - to calculate volunteer hours use $40 per hour equivalent as recommended by ABS.

Item	Number of hours	Estimate value
Description	Must be a number.	Must be a dollar amount.

Supporting Information

Supporting Material

Please provide any other information that you think will assist the Town in assessing your application

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.

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

Date *

Must be a date

Applicant Feedback (Optional)

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.