Place Grants Application Form
Form Preview

ARE YOU ELIGIBLE?

* indicates a required field

The Town of Victoria Park is here to help you complete your grant application.

Before you start the application, read the Grants Toolkit (click on link), browse through the form and speak with the Place Leader for your suburb (click on link).

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 *

To proceed, please confirm you meet the Eligibility Criteria below. If you do not meet one of the criteria, please speak with your local Place Leader (click on link).

- 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, a 'relative' of an employee or Elected Member or a 'closely associated person' (as defined by the Local Government Act).
- You are applying for an amount of $15,000 or less.
- You have (or are able) to purchase public liability insurance to the value of $10 million should the initiative require it.

Are you an employee of the Town, an Elected Member, a 'relative' of an employee or Elected Member or a 'closely associated person' (as defined by the Local Government Act)? *
○ Yes - you are not eligible for place grant funding
○ No

Please select: *
○ Yes, I meet the criteria above.
○ No, I do not meet the criteria above, but have support from the Place Leader to submit an application.

Upload your public liability insurance (if applicable).
Attach a file:

Conflict of Interest

The applicant must declare and provide details of any potential or perceived conflicts of interest.

Are there any circumstances, arrangements or understandings which constitute, or may reasonably be perceived to constitute, an actual or potential conflict of interest with either the applicant's obligations to adhere to the Funding Agreement or which 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 and addressed below.

*
☐ No
☐ Yes

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

WHO ARE YOU?

* indicates a required field

Use or 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 Name
○ Individual   ○ Organisation
Organisation Name

First Name   Last Name

Postal Address *
Address

Contact Phone Number *

Contact Email *

Applicant ABN (unless ATO Statement of Supplier form applicable)

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.

Are you registered for GST?

ATO Statement by A Supplier

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 Statement by a supplier not quoting an ABN.

Attach a file:

Upload completed ATO Statement by A Supplier form.

Auspice Contact Details (if required)

If you are auspicing through 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.

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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.

Previous Grants or Funding

List any previous Grants or Funding you've applied for over the last three years with the Town (grant year / project name / successful or unsuccessful / amount received).

Upload Certificate of Incorporation of applicant or auspicing Incorporated Association (if applicable).
Attach a file:

Upload letter confirming auspicing by Incorporated Association (if applicable).
Attach a file:

WHAT ARE YOU PLANNING?

* indicates a required field

Title of Your Project *

Brief Description of Your Project *

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

Anticipated Start Date *

Must be a date.

Anticipated End Date *
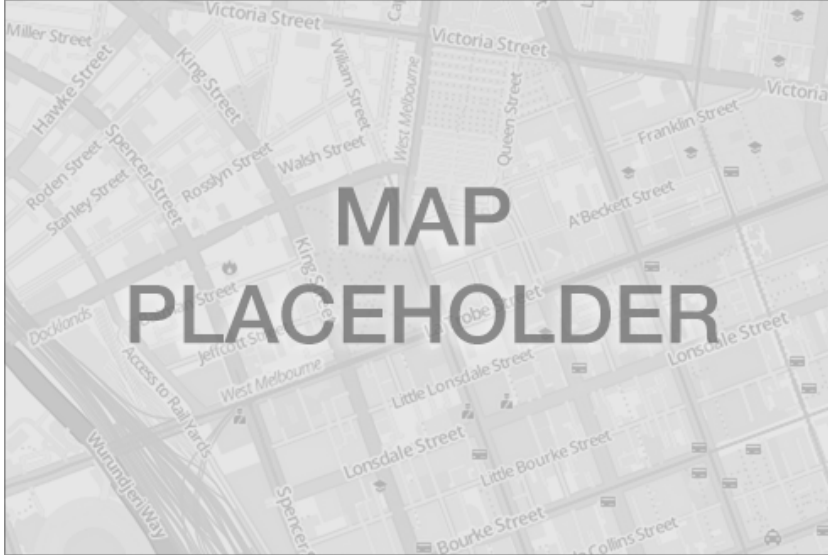
Must be a date.

Project Location / Address

Provide the address and/or describe the location where the initiative will happen.

Pinpoint Location (if applicable)
Address

MAP PLACEHOLDER

What is the purpose and expected outcomes of your project? *

Word count:
Must be no more than 100 words.

Who will benefit from your project? *

Word count:
Must be no more than 100 words.

What key steps are needed to make the project happen (list steps)? *

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

If you aren't sure, please contact your local Place Leader to discuss.

How are you promoting or marketing the project? (if applicable) How will you acknowledge the Town's contribution? *

Write "n/a" if not relevant.

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

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.

HOW DO YOU MEET THE GRANT CRITERIA?

* indicates a required field

Please contact your local Place Leader if you require further information about the Place Grant Criteria. You can draft your responses, save them, and then return at a later time to complete.

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.

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.

How will your project align with any of the Town's Strategic Community Priorities in the Strategic Community Plan? (see below) (25% weighting) *

Word count:
Must be no more than 200 words.

See the Strategic Community Plan priorities here (click link).

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

Word count:
Must be no more than 100 words.

HOW ARE YOU FUNDING THE PROJECT?

* indicates a required field

Total Funds Requested (including GST) from the Place Grant (up to $15,000 or $5,000 for murals) *

$

Must be a dollar amount.

Project Budget

Income Items - please include any income you might earn from the project or any financial contributions from other sources eg. 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 the 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 Items / Your Cash Contribution	$ (including GST)	Expenditure Items	$ (including GST)
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
Funding from other sources or ticket sales etc.		Itemised costs of theproject you're seeking grant funding for.	

Budget Totals

Total Income /Cash Contribution Amount	Total Expenditure Amount	Income minus Expenditure (should equal total grant funds requested)

$	$	$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Quotes

Any expenditure items from $500 up to $5,000 require one written quote. For any expenditure items above $5,000 require a minimum of three written quotes.

Expenditure Item 1	Expenditure Item 2	Expenditure Item 3

In-Kind Support From The Town

List items required (if any).

Your Volunteer Contributions

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	Provider/Organisation	Estimated Value (if applicable, including GST)
		$
		$
		$
		Must be a dollar amount.

If you have anything else you would like to tell us about the budget, please do so here or upload.

Word count:

Upload more information here
Attach a file:

• If applying for a physical upgrade that requires design, a scaled concept design should be submitted with the application. Funding for further detailed designs may be considered as a part of the application.