

# Sport Equipment Application Form 2024-25

## Form Preview

### Sports Equipment Grant Application Form

\* indicates a required field

#### Sport Equipment Grant Eligibility

The Sport Equipment Grant provides financial assistance to local community and recreation sporting clubs for equipment that benefit the development of sport and recreation to the residents of the Town of Victoria Park.

**Please note: Financial contribution of up to 25% (capped at \$2,000) of new sports equipment (bats, balls, uniforms and goals etc) and operational equipment, electrical equipment, PPE, volunteer shirts etc). I.e. You need to spend \$8,000 to get \$2,000.**

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.

This section of the application form is designed to help you, and us, understand if you are eligible for a 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 the eligibility criteria, please contact the Town's Grants Officer on 9311 8111 or by email [admin@vicpark.wa.gov.au](mailto:admin@vicpark.wa.gov.au)

#### Confirmation of Sport Equipment 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:

- Incorporated (Under Associations Incorporation Act 2015)
- Located within the Town of Victoria Park and/or servicing its residents
- Affiliated with a State Sporting Association or industry body who are recognised by Sport and Recreation (WA)
- Represented with a club name that reflects the locale in which the club operates and in recognition of the level of funding and subsidies afforded to it by the Town of Victoria Park

**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 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 may unduly impact

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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 Sport Equipment Grants will be considered by Council.

\*

- ☐ 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](http://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](http://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 \***

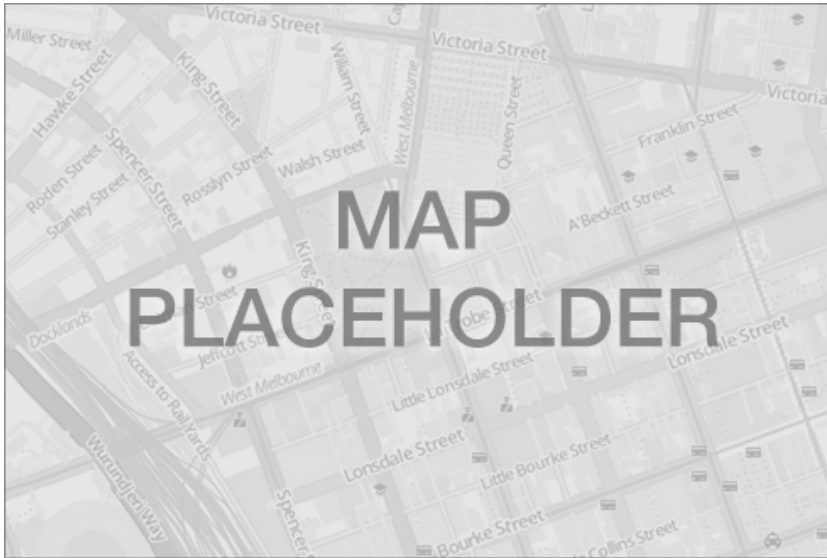
Use this field only if relevant

**Applicant Primary Address \***

Address

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

### **Applicant Postal Address \***

Address

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

### **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 \***

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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? \***

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

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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 Incorporation

Attach a file:

Max 24mb

## 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

### 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

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Anticipated start date \*

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

## Uniforms and Equipment

**Q1. What are you planning to purchase from the grant funding? \***

Must be less than 25 words. Examples: new sports equipment (bats, balls, uniforms and goals etc) and operational equipment (electrical equipment, PPE, volunteer shirts etc)

**Q2. How much grant funding would you like to apply for? \***

\$

Must be a dollar amount.  
Maximum of \$2,000

**Q3. Why are the Uniforms and Equipment necessary? Please explain briefly the need for the items? \***

Must be no more than 100 words. Please note Applicants must demonstrate that any equipment purchased is directly linked to the group/organisations' community capacity building activities

**Q4. How does purchasing uniforms or equipment align with the Town's Strategic Community Plan 2022-32 objectives. \***

Go to <https://www.victoriapark.wa.gov.au/About-Council/Our-plan-for-the-future#section-1> - Town's Strategic Community Plan 2022-32 objectives

**Q5. Is the Sporting Club located within the Town? \***

☐ Yes

☐ No

**If No. How does the Sporting Club service the Town of Victoria Park Sporting Community?**

## Inputs (Budget)

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Please note: A financial contribution of up to 25% (capped at \$2,000) is required from the organisation for new sports equipment.

**Total Amount Requested**

\$

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)

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	Income Amount (\$)	Notes
--------------------	-------------	--------------------	-------

		\$	
		\$	
		\$	
		\$	

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

### Budget Totals

**Total Income Amount \***

\$

**Total Expenditure Amount \***

\$

**Income - Expenditure \***

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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 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?**

## Supporting Information

### Please provide a link to or attach a copy of your most recent Annual Report/Financial Statement

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



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**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

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### 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.**

