

PART 1 - ARE YOU ELIGIBLE?

* 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 *

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.
- ☐ 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:

Upload Certificate of Incorporation of applicant or auspicing Incorporated Association.

Attach a file:

Upload letter confirming auspicing by Incorporated Association.

Attach a file:

PART 2 - 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

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 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 Art Grants will be considered by Council.

☐ Yes

☐ No

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

Applicant Organisation Details

Organisation Name *

☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

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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.

Applicant Organisation Bank Account

Account Name

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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 | More information |
| 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 year / 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.

Anticipated End Date *

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Must be a date.

Initiative Location / Address

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

What is the purpose and expected outcomes? *

Word count:

Must be no more than 100 words.

Who will benefit? *

Word count:

Must be no more than 50 words.

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) *

Write "n/a" if not relevant.

Do you need any permissions from third parties? *

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.

PART 4 - HOW DO YOU MEET THE GRANT CRITERIA?

* indicates a required field

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

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Describe how your project/activity provides a quality arts and cultural experience for the Vic Park Community. (40% weighting) *

Word count:

Must be no more than 200 words.

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

Word count:

Must be no more than 200 words.

Comments

Any further comments on this criteria?

How will your initiative align with any of the Town's Strategic Community Outcomes or Arts and Culture Plan? (see below) (25% weighting) *

Word count:

Must be no more than 200 words.

<https://www.victoriapark.wa.gov.au/About-Council/Council-documents/Integrated-planning-and-reporting-framework/Strategic-Community-Plan>

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

Word count:

Must be no more than 100 words.

PART 5 - HOW ARE YOU FUNDING THE PROJECT?

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* 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 | \$ (excluding GST) | Expenditure Item | \$ (excluding GST) |
|-------------|--------------------|------------------|--------------------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

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.

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 put into your initiative are important, please estimate this, and any other In-Kind Contributions, below.

| Item | Provider | Estimated Value (\$ excluding GST) |
|------|----------|------------------------------------|
| | | Must be a dollar amount. |
| | | \$ |

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| | | |
|--|--|----|
| | | \$ |
| | | \$ |

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

Word count:

Upload more information here

Attach a file: