Active & Healthy Communities Grant Application

* indicates a required field

Before completing this application please ensure you have read:

- Community Grants Program Information
- Active and Healthy Communities Fact Sheet

Please have all of your support documents ready; such as

- Certificate of Incorporation
- Quotes for items you intend to purchase
- Income and Expenditure Statement
- Certificate of Public Liability Insurance

Regularly save your application by click 'Save Progress' button which appears at the top of your screen.

Incomplete applications and/or applications not submitted will not be considered.

Eligibility Chack

| Eligibility Check | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Applicants must: • Have no outstanding debts with the City • Hold adequate Public Liability Insurance • Be located within the City of Stirling or su • Have satisfactorily acquitted previous fun • Not be a current employee or Elected Mer | bstantially benefit City of Stirling resident |
| I confirm that I meet the eligibility requi ☐ Yes ☐ No ☐ Only eligible applicants can apply. Applicant Details | rements * |
| * indicates a required field Please Select applicant type * Individual | Organisation |

| Organisation details |
|------------------------------------------------------------------------------------------------------------------------------------------|
| Organisation name * Organisation Name |
| |
| Please select applicant type * |
| Organisation Primary Address * Address |
| |
| Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. |
| Organisation Website |
| |
| Must be a URL. |
| Primary Contact for Project * |
| Title First Name Last Name |
| |
| Primary Contact Email * |
| |
| Must be an email address. |
| Primary Contact Phone Number * |
| |
| Must be an Australian phone number. |
| 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 inform | ation_ | |
| ACNC Registration | | | |
| Tax Concessions | | | |
| Main business location | | | |
| Must be an ABN. | | | |
| Taxation | | | |
| If you do not have an ABN, p with your application, other available to download <u>here</u> | | | |
| Please upload ATO State Attach a file: | ment | | |
| | | | |
| Individual details | | | |
| Applicant * | | | |
| Title First Name | Last Name | | |
| | | | |
| Applicant Address * Address | | | |
| | | | |
| | | | |
| | | | |
| Applicant Phone Number | * | | |
| Must be an Australian phone nu | ımher | | |
| Must be all Australian priorie ne | iiibei. | | |
| Applicant Email * | | | |
| | | | |
| Must be an email address. | | | |
| Public Liability | | | |
| Does your organisation h ○ Yes ○ No ○ Not required for project ○ I am applying for Public | | | |

| Upload Public Liability Insurance Attach a file: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| If you do not have Public Liability Insurance you may include the costs as part of your application. If your grant is successful, you will need to supply a copy at time of contracting. |
| Proof of entity |
| Please provide evidence of your organisation's/individual legal status and/or governing documents such as: |
| Not-for-profit/Charity - ACNC registration |
| Unincorporated Association/Group - Governing document |
| Incorporated Organisation - Certificate of Incorporation Small Business or sole trader - Business registration |
| Individuals - Documentation that validates your name and address such as a driver's licence. If you are applying for travel assistance under 18 or over 60 you must also provide proof of age. |
| Proof of entity documentation * Attach a file: |
| |
| |
| Activity Information |
| * indicates a required field |
| |
| Title * |
| For example 'Singing classes for Vietnamese women" or 'Mirrabooka Multicultural art exhibition" |
| |
| Please select item that best represents your grant application request |
| |
| What is your activity and how will you deliver it? * |
| |
| When answering this section, we want to know what you plan to do and the steps involved. Do not |

assume the person assessing the application knows anything about your activity. This information will

be used publically to describe your project, if your application is successful

| Where will your activity take place? * Address |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| |
| Will your activity be held at a City of Stirling managed venue including a reserve or other facility? * □ Yes □ No |
| Please select the primary objective/s that your activity best aligns with * ☐ Facilitate a range of recreation and leisure opportunities for everyone in the City ☐ Facilitate and advocate for the provision of a range of quality health services |
| Describe how your activity meets these objectives * |
| |
| Please see Fact Sheet for specific ojectives https://www.stirling.wa.gov.au/services-and-support/community-grants-program/active-and-healthy-communities |
| Activity Start Date * |
| Must be a date. Please be aware that the City of Stirling cannot support costs for activities that have already started |
| Activity End Date * |
| Must be a date. If timeline is still to be confirmed please provide best estimate to date |
| Venue |
| The City of Stirling may cover venue hire if your activity is being held at a City-managed facility. These costs will form part of your total approved grant package. |
| Please state the name of the City of Stirling managed venue or reserve * |
| Will you be requesting a waiver of venue hire fees as part of this application? * □ Yes □ No |
| Why should your activity be funded? |
| Describe any past achievements/experience relevant to the project? * |

| Describe any benefits to you and/or the community * | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | |
| | |
| How many people will participate or benefit? * | |
| | |
| How many people are you anticipating to interact with your project/attend attendance numbers across individual events and across the total duration | |
| Any additional information? | |
| Please supply other supporting documents that will help assidecision. Could include samples of work/letters of support, pattach a file: | |

Budget

* indicates a required field

It is important to include a realistic and detailed budget with your application that demonstrates your income and expenses. Tips for completing your budget:

- Activities should represent good value for money and have a clear, balanced budget with all aspects of the event/activity taken into account.
- Local contractors/suppliers should be used where possible.

If you are applying for travel assistance a selection letter must be supplied

- Applicants should provide their own funding towards the event/project and secure other sources of funding/income where possible.
- Detail the costs of the project as a whole and not just the expenses funded by the City of Stirling grant.
- List each item/supplier on a separate line.
- Include fair rates of pay for contractors.
- It is recommended that you receive more than one quote for items over \$1,000.00
- Your budget should be presented by major line items and in enough detail for assessors to consider it within the competitive assessment process.
- You must refer to the program guidelines for information on what is eligible for funding.

Grant request

| Total Activity Costs | * |
|---------------------------------------------------------|---------------|
| \$ | |
| Must be a dollar amount. What is the total cost of y | our activity? |

Your Co-Contribution towards the Activity

\$

Must be a dollar amount.

Total City of Stirling Grant Amount Requested *

\$

Must be a dollar amount.

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

Budget

Expenditure

Please outline a detailed activity expenditure in the table below. Provide clear descriptions for each budget item in the 'Expenditure' columns.

We understand that there may be price fluctuations with some budget items, and therefore the amounts and attachments provided as evidence will be used more as a guideline for expenditure. Cash expenses should not include:

- Recurrent operational costs including, but not limited to wages, salaries, or administrative overheads
- Fundraising activities
- Costs for items/activities already purchased or commenced
- Capital works
- Projects or events for commercial purposes
- The purchase of equipment that is not specific to the activity

Please do not add commas to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Income

Please outline activity income in the table below. Example income items might include:

- · Other grant funding
- Internal funds
- Fundraising
- Ticket sales

Applications from Small Business, Schools and P&C's must demonstrate matched funding. Please include any in-kind support you are providing and give an estimated value of this support. How much would you have to pay for these goods and services if they were not being provided free of charge?

This could include things like volunteer hours and donations of space and materials.

Please detail how you calculated the amount. The calculation of your in-kind contribution is based on your best estimates.

Budget

| Income | \$ Expenditure | \$ |
|-------------------------------------------------------------------------------------------|-------------------------------|----|
| If you or any other individual/organisation are providing a contribution please list here | Detailed activity expenditure | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Budget Totals

| Total Income Amount | Total Expenditure Amount | Final budget |
|-----------------------|---------------------------------|-----------------------|
| | | |
| | | |
| This number/amount is | This number/amount is | This number/amount is |
| calculated. | calculated. | calculated. |

Budget Documentation

| Please attach quotes, screenshots or an you estimated your income and expendi Attach a file: | , |
|----------------------------------------------------------------------------------------------------|---|
| | |

Declaration

* indicates a required field

In submitting this grant application I declare that I am aware of the following terms and conditions and certify that:

- I accept that my application will not be accepted if it is submitted after the deadline as specified on the City of Stirling website and/or if it does not have all the required information and/or material.
- I am authorised by the Applicant/Auspice Organisation to act on behalf of the Applicant/ Auspice to submit this application.

- All information given to Council in relation to the grant and application is true and correct, whether that information is given through this application or in any other way.
- If a grant is awarded I will agree to the terms and conditions outlined in the City of Stirling Council Funding agreement.
- If we do not act in accordance with this Agreement we may not be eligible for any further grants from the City of Stirling.
- I will inform the City Stirling if key details such as date(s) of the activity, the location and the programming change before I am notified of the outcome of the application.
- I am aware the City may ask for more information during the assessment of this application.
- I acknowledge and understand that the level of funding offered to an activity (if any) is determined by the available budget and how well the activity supports the City to achieves its goals and that this amount may differ from the amount requested.

I have read and agree to the above Terms & Conditions *

Yes

Name of person authorised to sign the City of Stirling Grant Agreement. *

If the grant is being Auspiced this must be the Auspicer

Submitting your application

To submit your application be sure to click on the '**Submit**' button which appears on the last page of the application.

You will not be able to submit your application unless you have completed all the compulsory questions.

After submitting your application you will receive a confirmation email. If you do not receive a confirmation email please contact the City of Stirling Grants Officer grants@stirling.wa.gov.au and ensure you quote your application number.