

Shire of Denmark
GRANT APPLICATION FORM



1. Applicant Details

Organisation Name:			
Postal Address:			
Contact Person:			
Phone No:		Email:	

2. Auspicing Organisation Details (If applicable)

Please complete this section if you are in an auspice arrangement.

Auspicing Organisation's Name:			
Contact Person:			
Postal Address:			
Phone No:		Email:	

3. ABN, Tax Status and Other Legal

Does your organisation or auspicing body have an (ABN)? <i>*If no, please complete the Statement by Supplier Form</i>	<input type="radio"/> Yes	<input type="radio"/> No
	ABN:	
Is your organisation or auspicing body registered for GST?	<input type="radio"/> Yes	<input type="radio"/> No
Is your organisation or auspicing body incorporated? <i>*If yes, please attach copy of your certificate of incorporation. **If no, you are not eligible to apply.</i>	<input type="radio"/> Yes	<input type="radio"/> No
Does your organisation or auspicing body have Public Liability Insurance? <i>*Attach a copy of your certificate of currency for public liability</i>	<input type="radio"/> Yes	<input type="radio"/> No
Has your organisation received grant funding from the Shire in the last two years?	<input type="radio"/> Yes	<input type="radio"/> No
Has your organisation acquitted all Shire funding previously received?	<input type="radio"/> Yes	<input type="radio"/> No



4. About Your Project

4.1 Project Details

Project Name			
Project Date		Start	Finish
Total Cost of Project	\$	Amount of funding requested	\$
If you do not receive the full amount requested, can this project be delivered in some capacity or would you have capacity to meet the shortfall?			<input checked="" type="radio"/> Yes <input type="radio"/> No
Will the project be carried out within the Shire of Denmark? *			<input type="radio"/> Yes <input type="radio"/> No
If no, please provide location			

4.2 What is the project's Primary focus?

<input type="checkbox"/> Cultural Development Arts	<input type="checkbox"/> Sporting	<input type="checkbox"/> Environment	<input type="checkbox"/> Events
<input type="checkbox"/> Sustainable Enterprise	<input type="checkbox"/> Historical	<input type="checkbox"/> Other

4.3 Who are your main target groups?

<input type="checkbox"/> Children 0-10	<input type="checkbox"/> Youth 11-18	<input type="checkbox"/> Seniors
<input type="checkbox"/> General community	<input type="checkbox"/> People with disabilities	<input type="checkbox"/> Other (please specify)

4.4 Please provide a brief description of your project? * (50 words or less)

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4.5 Please describe how your project will benefit the Community?
(100 words or more)

4.6 Project Alignment

Read the Shire's [Strategic Community Plan](#)
Read the Shire's [Sustainability Strategy](#)

Community Vision

A happy, healthy and eclectic community that embraces creativity, values the natural environment and is invested in a strong local economy

Theme: Our Economy	Theme: Our Natural Environment	Theme: Our Built Environment	Theme: Our Community	Theme: Our Local Government
<p>Aspiration:</p> <p>We are an attractive location to live, invest, study, visit and work</p>	<p>Aspiration:</p> <p>Our natural environment is highly valued and carefully managed to meet the needs of our community, now and in the future</p>	<p>Aspiration:</p> <p>We have a functional built environment that reflects our rural and village character and supports a connected, creative, active and safe community</p>	<p>Aspiration:</p> <p>We live in a happy, healthy, diverse and safe community with services that support a vibrant lifestyle and foster community spirit</p>	<p>Aspiration:</p> <p>The Shire of Denmark is recognised as a transparent, well governed and effectively managed Local Government</p>

4.7 Describe how your project align with the Shire of Denmark Strategic Community Plan?
(100 words or more)



4.8 Describe how your project align with the Shire of Denmark Sustainability Plan?
(100 words or more)

4.9 Project Supporting Information

Attach any supporting evidence you may have this could include but is not limited to:

- Letter of Support
- Newspaper Articles
- Quotes
- Meeting Minutes

Note if you run out of space to upload attachments, zip your remaining attachments together and upload them as a zipped folder. Or otherwise email enquiries@denmark.wa.gov.au or contact Rosie Arnepie on 9848 0300



5. Budget and Financials

5.1 Income

Please outline your project incomes in the table below, including details of other funding that you have applied for, whether confirmed or not and any in-kind contributions. 'In-Kind' contributions are goods, services, time, expertise, or other non-cash contributions which assist the development, delivery and/or evaluation of the event.

INCOME	Amount \$ (Excluding GST)
Shire of Denmark Contribution (This is the amount of grant requested from the Shire)	\$
Your Contribution (This is your organisations \$ contribution to the project)	\$
Other contributions (Please itemise your other \$ income streams for the project eg sponsorship, funding, ticket sales, vendor fees, etc)	\$
Total \$ of all contributions (Total of Shire of Denmark contribution, your contribution and other contributions)	\$
Total of 'In Kind' contributions (Total \$ value of any In Kind support from you or other organisations to deliver the event estimated \$ value)	\$

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5.2 Expenditure

Please outline your project's total expenses using the table below.

Attach a copy of quotes for items covered by this grant request and a copy of your organisation's current financial statement for request over \$1000.

EXPENSES	
Item/s Description	Amount \$ (Excluding GST)
<input type="checkbox"/> Please mark items covered by the grant request	
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$
Total Expenditure	\$

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6. Declaration

- By submitting this application, I agree that:
- If my application is successful, I will acknowledge and ensure recognition of council funding as mentioned above.
- I have read the guidelines relating to grants under this program and certify that to the best of my knowledge the information provided in this form is correct and disclose a full and accurate account of income, expenditure and activities.
- At the completion of the project, I will provide an acquittal within 30 days.

Name			
Position Held			
Signature		Date	