COMMUNITY GRANT 2025 ROUND ONE - APPLICATION FORM



This application should be completed with reference to the **Community Grant Guidelines 2025 Round One** and applicants are strongly encouraged to contact the Community Development Officer prior to submission.

1. APPLICANT DETAILS

Eligible applications are permitted to submit only **one** application per funding round.

Orga	nisation Name:					
Posta	al Address:					
Cont	act Person:					
Phon	ne No:		Email:			
		GANISATION DETAILS (ion if you are in an auspice arrang		CABLE)		
Ausp Orga	oicing nisation's Name:					
Conta	act Person:					
Posta	al Address:					
Phon	ne No:		Email:			
3. AE	Does your organi	sation or auspicing body have the a copy. a Statement by Supplier Form.			Yes	No
3.2	ls your organisation	on or auspicing body registered	d for GST?		Yes	No
3.3	Is your organisation or auspicing body incorporated? (i) If yes, please attach copy of your Certificate of Incorporation. If no, you may not be eligible to apply. Please refer to the Eligibility Section of the Guidelines.		Yes	No		
3.4	Does your organisation or auspicing body have Public Liability Insurance?			Yes	No	
① If yes, please attach a copy of your Certificate of Currency for Public Liability.						
3.5	-			Yes	No	
3.6	Has your organisation received grant funding from the Shire in the last two years?			Yes	No	
3.7	Has your organisation acquitted all Shire funding previously received?			Yes	No	

N/A

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4. ABOUT YOUR PROJECT

4.1. Community Grant Category

Which ONE category are you applying for?						
You can apply for any amount up to the maximum applicable for each Category. There is no guarantee that successful applicants will receive the full funding amount requested.						
□ Startup (\$1K)		uipment and cilities (\$10K)		Environmer Sustainabili	ty (\$5K)	
☐ Be Active (\$5K)	□ We	ellbeing (\$5K)		Build Future (\$2K)	e Leaders	
4.2. Targeted Groups Who are your main target	groups?					
☐ Children 0-11	☐ Youth 12-	25		☐ Seniors 60+		
☐ General community	☐ People wi	☐ People with disability		☐ Other (please specify)		
4.3. Project Details						
Project Title:						
Project Dates: Must be within 1 Nov 2025 to 30 April 2027 (18 months)	Start		Fin	ish		
Total Cost of Project:	\$	Amount of fund	ding	requested	\$	
If you do not receive the full amount requested, would you have capacity to meet the shortfall? This may impact on the outcome of your application. Refer to the clause 7 of the grant Guidelines for more information.						
Will the project be carried o	out within the Sh	nire of Denmark?	?	Yes No		
lf no, please provide locati	on details					

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4.4. Project Description
Please provide a clear summary of your project, including an outline of the key aims and what the funds will be used for (150 words max)
 4.5. Community Benefit Please describe how your project will benefit the Community, outlining the key objectives and outcomes. (500 words max). Please attach additional page if more space is required.

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4.6. F	Pro	ect	Alic	mnr	ent

 a) Describe how your project aligns with the Shire of Denmark Strategic Community Plan (500 words max). Please attach additional page if more space is required. 	I
Click here to view the Shire's Strategic Community Plan	
 b) Describe how your project aligns with the Shire of Denmark Sustainability Plan (500 w max). Please attach additional page if more space is required. Click here to view the Shire's <u>Sustainability Strategy</u> 	ords

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5. BUDGET AND FINANCIALS

5.1. Income

Please list 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 organisation's cash contribution to the project)	
Other contributions	
(Please itemise your other \$ income streams for the project eg sponsorship, funding, ticket sales, vendor fees, etc)	\$
•	
•	
•	
Total Cash contributions	\$
In Kind' contributions	\$
(Total \$ value of any In Kind support from you or other organisations to deliver the event estimated \$ value)	
One way to calculate is with the Volunteer Benefits Calculator	

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5.2. Expenditure

Please list your project's total expenses in 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 requests over \$1,000.

EXPENSE TRACKER				
List your project's total expenses in the table below.				
A quote or cost estimation is required for item(s) covered under this g	rant request.			
A current financial statement is also required for request over \$1,000.	1			
Item/s Description	Amount \$			
☑ Please clearly indicate item(s) covered by the grant request.	(Excluding GST)			
Please note if the supplier is local, and if not, provide a reason why this is not possible or preferred.				
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
Total Expenditure	\$			

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6. APPLICATION ATTACHMENTS

6.1.	Section 3: ABN, Tax Status and Other Legal
	☐ ABN or Statement by a Supplier Form
	☐ Certificate of Incorporation
	☐ Certificate Of Currency for Public Liability
6.2.	Section 4: About Your Project
Attach	any evidence materials to support the need of your project. This can include but is not
limited	d to:
	☐ Letter of Support
	□ Newspaper Articles
	☐ Media Clips
	☐ Meeting Minutes
	□ Project Plans
	☐ Community Surveys
6.3.	Section 5: Budget and Financials ☐ Quote or cost estimation for each grant funded item. ☐ A Current Financial Statement to support requests over \$1000.

Note Files cannot be larger than 10MB. If you run out of space to upload attachments, zip your remaining attachments together and upload them as a zipped folder. Or otherwise email info@denmark.wa.gov.au or contact Romina Palermo on 9848 0333.

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7. DECLARATION

I hereby certify that:

- I am authorised to sign legal document on behalf of the organisation,
- I have read the guidelines relating to grants under this program, and
- To the best of my knowledge, the information provided in this form is a correct and complete account of income, expenditure and activities.

By submitting this application, I agree that:

- If my application is successful, I will acknowledge and ensure recognition of Shire funding as detailed in the Community Grant Guidelines.
- At the completion of the project, I will provide an acquittal within 30 days.

Name		
Position Held		
Signature	Date	