

# General Grant Application Package

UP TO \$3000



General Grants are available for amounts up to \$3000 for incorporated organisations and associations (e.g. community groups and clubs). Grants will assist organisations with the delivery of programs and events that deliver outcomes and benefits to identified target areas in the Rockingham community. General Grants require 30 working days to process. If successful, a grant acquittal may be required.

### Grants will only be considered if:

- ✓ The applicant is an incorporated organisation and association (e.g. club, community group, association including Parent and Citizens (P&C) or Parent and Friends (P&F) Associations)
- ✓ The applicant has current public liability insurance at the time of the program or event
- ✓ The program or event delivers meaningful benefits for the Rockingham community
- ✓ The applicant has supplied quotes for all purchases in accordance with the General Grant Guidelines.
- ✓ The program or event takes place within the boundaries of the City of Rockingham. Please note: Bus hire that provides trips outside of the boundaries of City of Rockingham but commences and concludes in the City of Rockingham may be considered for eligible applicants up to a maximum of \$500.

### Grants will NOT be considered if:

- ✗ The applicant is a Local, State or Commonwealth authority
- ✗ The applicant is an individual, a school, or a private company
- ✗ The applicant has already received a grant from the City of Rockingham for the same program or event in the current financial year
- ✗ The applicant has failed to acquit any previous City of Rockingham grants as requested
- ✗ The applicant does not supply all supporting documentation; or the application is incomplete
- ✗ The organisation is requesting funding for retrospective payments
- ✗ The organisation is requesting rates subsidy (excluding rubbish removal or emergency service levy)
- ✗ The program or event begins within 30 working days of submitting the grant
- ✗ Budget items listed include bonds, employee salaries/wages, seasonal ground allocation and event management fees.

Essential infrastructure, goods and services that should be funded by the applicant or responsible body will/may not be funded by the Community Grants Program.

Applicants that can demonstrate financial contributions will be considered favourably.

Prior to applying, please also read the Community Grants Program Policy and General Grant Guidelines on the City's website [www.rockingham.wa.gov.au](http://www.rockingham.wa.gov.au)

**If you have any queries, please contact the Community Grants Officer on 9528 0333 or email [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au)**

### Please submit your application via email, post or in person:

#### In Person:

Customer Service  
City of Rockingham Administration Building  
Civic Boulevard  
Rockingham WA 6168

#### By Mail:

Community Capacity Building  
City of Rockingham  
PO Box 2142  
Rockingham DC WA 6967

#### Via Email:

[customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au)  
Subject: Community Grants  
Program General Grant

# General Grant: Application Form

The Community Grants Program (CGP) aims to provide assistance to incorporated organisations and associations that can deliver benefits and outcomes in the target areas listed below. Please tick one (1) area that is the best fit for the program or event:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Environment        | <input type="checkbox"/> Heritage                       |
| <input type="checkbox"/> Sport and Recreation  | <input type="checkbox"/> Culture and Arts   | <input type="checkbox"/> Other ( <i>Please state</i> ): |
| <input type="checkbox"/> Economic Development  | <input type="checkbox"/> Emergency Services | _____   |

## Step 1: The Organisation Details

### 1.1 Organisation Name (*same as Incorporation Certificate*):

Organisation Name:
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### 1.2 Organisation Address Details (*not PO Box*):

Street Address:		
Suburb/Town/City:	State:	Postcode:

### 1.3 Postal Address:

Address:		
Suburb/Town/City:	State:	Postcode:

### 1.4 Organisation Contact Details:

Contact Person's Name:	
Contact Person's Position:	
Phone Number - <i>Organisation</i> :	
- <i>Contact Person's Direct Line</i> :	
- <i>Mobile</i> :	
Email	- <i>Organisation</i> :
- <i>Contact Person's Direct Email</i> :	

**1.5 Is your organisation registered with an Australian Business Number (ABN) or Australian Registered Business Number (ARBN)?**

☐ Yes: please provide details.

ABN:
ARBN:

☐ No (if you do not have an ABN number please download and complete a Statement by a Supplier form, visit [www.ato.gov.au](http://www.ato.gov.au)).

**1.6 Is your organisation registered for Goods and Services Tax (GST)?**

☐ Yes (if grant is successful you will be required to send a tax invoice, a City of Rockingham Officer will contact you for this, with details of amount awarded)

☐ No

**1.7 Is your organisation incorporated?**

☐ Yes: please attach a copy of your Incorporation Certificate.

☐ No: you may apply for a grant through an auspicing body.

**1.8 Do you have a copy of the organisation's Financial Statement?**

(Financials from last endorsed Annual General Meeting).

☐ Yes: please attach copy of financial statement.

☐ No: your application will be deemed ineligible.

**1.9 Do you have public liability insurance?**

(MUST be current and will provide cover for the proposed program or event).

☐ Yes: please attach a current copy of public liability insurance certificate.

☐ No: your application will be deemed ineligible.

**Does your group have an ABN and is it GST registered?**

If YES, you are liable to pay GST. If this applies to you, the City of Rockingham will automatically increase successful grant applications by 10%. A completed Tax Invoice must be provided.

**ABN but not GST registered?**

If YES, you are not liable to pay GST.

**If you do not have an ABN?**

If your group is not required to have an ABN, you will need to complete a 'Statement by a Supplier' form. If this form is not supplied, up to 48.5% of the grant or donation may be withheld.

**Note:** If you are a new club, please contact the City's Community Development Officer on 9528 0333 to discuss grant application and necessary documentation.

**1.10a Please describe your organisation and its purpose in 150 words or less:**

*(How long has it existed, history, current membership including relevant membership growth, include any other important information to build the picture for the assessment panel).*


**1.10b Attach a copy of or provide a hyperlink to the organisation's constitution:**

The constitution hyperlink is:
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**1.11 Will you be applying for this grant through an auspicing body?**

☐ Yes: please go to Appendix 1.

☐ No: please go to Step 2.

**What is an auspicing body?**

An auspicing body is an incorporated group that applies for a grant on behalf of an unincorporated group. The auspicing body is responsible for the financial management of the grant.



## Step 2: Tell us about any previous City of Rockingham CGP grants

### 2.1 Has your organisation (or the auspicing organisation) received funding from the City of Rockingham within the last 3 years?

☐ Yes: please complete details below.

☐ No: please go to Step 3.

Title of program or event the funding was used for	Date of funding received (DD/MM/YY)	Amount of funding received \$	Acquittal Status Completed or Not Required or In process
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

#### Acquittal Status

Acquittal Status "Completed" – means you have provided a detailed report of how the grant money was used, provision of receipts, photos etc.

Acquittal Status "Not Required" – means the General Grant did not require an acquittal.

Acquittal Status "In Process" – means the acquittal is not yet due but will be completed.

The City of Rockingham requires some grants to be acquitted using the Grants Acquittal Form before applying for another grant. If you are unsure please contact a City Community Development Officer on 9528 0333.

Step 3: About the program or event

3.1 What is the title of the program or event:

Program or Event Title:

3.2 Day/s, date/s and time/s of your program or event:

Program or Event:	Day/s:	Date/s:	Time/s:

3.3a Background - History:

Provide a brief overview of the reason or history of your program or event (150 words or less).  
*Note: If this is a new program or event explain the reason for it OR if the program or event has been held previously explain the history.*

3.3b Description of the Program or Event:

Provide a description of the program or event. This section should include a concise, clear summary of what the project will entail (*who, what, when, where, how*).

### 3.3c Community Involvement:

How will this program or event engage with the community and encourage local participation?

*Explain how the community will find out about the program or event and list elements of the program or event that encourage community participation.*


### 3.3d Attendees/Participation:

How many people are you anticipating will attend your program or event?

No. of Attendees:
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### 3.3e Is the program or event targeting a specific audience?

<input type="checkbox"/> At risk	<input type="checkbox"/> People with disability	<input type="checkbox"/> Other
<input type="checkbox"/> Aboriginal and Torres Straight Islander people	<input type="checkbox"/> Culturally and linguistically diverse	<input type="text"/>

### 3.3f What age/s are you primarily targeting?

Please tick below:

<input type="checkbox"/> Early years 0-4 years	<input type="checkbox"/> Young People 12-24 years	<input type="checkbox"/> Seniors 60+ years
<input type="checkbox"/> Children 5-11 years	<input type="checkbox"/> Adults 25-59 years	<input type="checkbox"/> All ages

### 3.3g Have you considered any partnerships for your program or event?

<input type="checkbox"/> Yes: please go to 3.3h.	<input type="checkbox"/> No: please go to 3.4.
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### 3.3h List any partnerships:

Partnerships (e.g. local businesses, service organisations, local not-for-profits)	State what their role is (in the lead up to the event or program or on the day of the event or program)



**3.4 Please list the community benefits (both short-term and any long-term benefits) the program or event is likely to have:**

Short-term benefits	Long-term benefits

**3.5 Where will the program or event take place?**

Venue/Location Name:		
Street Address:		
Suburb/Town/City:	State:	Postcode:

**3.6 Has the venue/location been booked and confirmed?**

☐ Yes ☐ No (this is your responsibility to book and confirm)

**3.7 Is the program or event one-off or it is ongoing?**

☐ One-off ☐ Ongoing

**3.8 What is your experience in delivering this type of proposed program or event?**

☐ No experience in delivery ☐ Good level of experience in delivery  
☐ Some experience in delivery ☐ Very experienced in delivery

**3.9 If application relates to hosting or running an outdoor event, has an 'Outdoor Event Application' been submitted to the City?**

☐ Yes: approved (*attach approval from City's Health Services*) ☐ No: not required (*attach correspondence/proof from City's Health Services that it is not required*)  
☐ Yes: submitted but not yet approved ☐ Not applicable (*not hosting outdoor event*)

**3.10 Awareness of City's Disability Access and Inclusion Plan (DAIP):**

I have visited the City's website and viewed a copy of the Disability Access and Inclusion Plan at [www.rockingham.wa.gov.au](http://www.rockingham.wa.gov.au)

☐ Yes

**3.11 Tick the following areas where your organisation has considered the program or event to be accessible, as per the DAIP:**

- |  |  |
|--|--|
| <input type="checkbox"/> Access to services and events               | <input type="checkbox"/> Access to information         |
| <input type="checkbox"/> Equity of service from volunteers and staff | <input type="checkbox"/> Complaints                    |
| <input type="checkbox"/> Access to buildings and other facilities    | <input type="checkbox"/> Access to public consultation |
| <input type="checkbox"/> Quality of service                          | <input type="checkbox"/> Employment                    |

**3.12 If the organisation is awarded funding from City of Rockingham, they will be required to recognise the City's contribution. How will this be achieved?**

- |  |  |
|--|--|
| <input type="checkbox"/> Verbal Acknowledgement of City's contribution<br>(e.g. speech/presentation) | <input type="checkbox"/> City logo on flyers                 |
| <input type="checkbox"/> Written Acknowledgement of City's contribution<br>(e.g. newsletter)         | <input type="checkbox"/> Media – local community newspapers  |
| <input type="checkbox"/> Website   | <input type="checkbox"/> Media – West Australian, Television |
| <input type="checkbox"/> Social Media  | <input type="checkbox"/> Other (Please state):               |
| <input type="checkbox"/> Signage (e.g. banners)  |  |

**3.13 In the table below, list any attempts to secure funding specific to this program or event through other sources:**

Funding Agency	Amount \$	Approved
<i>E.g. Lotterywest</i>	<i>E.g. \$1500</i>	<i>(Yes, No or Pending)</i>

## Step 4: Provide the budget for the program or event

### Tips when completing budget:

1. Applicants that can demonstrate their own financial contributions will be considered favourably.
2. Total income needs to equal total expenditure.
3. Do not include GST (where appropriate, 10% will be added to successful grant).
4. Quotes must be supplied for all purchases as per CGP General Guidelines.
5. In-kind contribution refers to donations/inclusion of goods or services that have a value, e.g. venue costs, donated materials, or volunteer's time.
6. Complete expenditure in-kind first (if relevant), these amounts will be automatically copied into income in-kind.
7. Please calculate the value of volunteer hours at \$25/hour/volunteer.
8. List expenditure items that are to be funded by the City's grant in the grey area.
9. Total expenditure is for the program or event only.

### EXAMPLE BUDGET

Income	Amount (excl. GST)	Expenditure Please list items	Amount (excl. GST)
<b>City of Rockingham REQUESTED Grant \$</b>	1900	Marketing and promotion	1000
		Venue hire	350
		Facilitator	550
Organisation's cash contribution	1500	Catering	500
Donations		Temporary infrastructure	1450
Sponsorship		Event fees	350
Other grants/funding		Traffic management	1450
<b>Additional contributions from other sources</b>			
Tickets sold \$15 each (max 150 tickets)	2250		
<b>Sub Total Income</b>	<b>5650</b>	<b>Sub Total Expenditure</b>	<b>5650</b>
<b>Income In-Kind</b>		<b>Expenditure In-Kind</b> The City recognises your valuable contribution – please estimate value of in-kind contribution	
Volunteers x 4 x 12hrs @ \$25/hr	1200	Volunteers x 4 x 12hrs @ \$25/hr	1200
Administration cost (printing, photocopying)	75	Administration costs (printing, photocopying)	75
<b>Sub Total of Income In-Kind</b>	<b>1275</b>	<b>Sub Total of Expenditure In-Kind</b>	<b>1275</b>
<b>TOTAL INCOME</b>	<b>6925</b>	<b>TOTAL EXPENDITURE</b>	<b>6925</b>

Income	Amount (excl. GST)	Expenditure Please list items	Amount (excl. GST)
City of Rockingham REQUESTED Grant \$		*See tip 8	
Organisation's cash contribution			
Donations			
Sponsorship			
Other grants/funding			
Additional contributions from other sources			
Sub Total Income		Sub Total Expenditure	

  

Income In-Kind		Expenditure In-Kind The City recognises your valuable contribution – please estimate value of in-kind contribution	
Sub Total of Income In-Kind		Sub Total of Expenditure In-Kind	

  

TOTAL INCOME		TOTAL EXPENDITURE	
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## Step 5: Approval and Bank Account Details

### Bank Account Details:

Must be the eligible organisation's bank details, e.g. if being Auspiced, the Auspice organisation's bank details need to be completed.

**If the application is successful, you will receive electronic funds transfer (EFT). Please provide details of the incorporated organisation's main operating account via Appendix Two (2).**

☐ Yes - I have completed and attached EFT Application form (Appendix Two (2)).

Organisation Name:
Title of Program or Event:

### In regards to GST tick which applies to the organisation:

☐ GST registered
 ☐ ABN and registered for GST
 ☐ No ABN but attached Statement of a Supplier Form  
☐ Not registered for GST
 ☐ ABN but not registered for GST

#### Office use only:

Officer Recommendation

Approve/Decline funding in the amount of \$ \_\_\_\_\_ for costs associated with the activity.

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Officer Name: \_\_\_\_\_

Manager of

Approve/Decline funding in the amount of \$ \_\_\_\_\_ for costs associated with the activity.

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Director of Community Development or Director Planning and Development Services

Approve/Decline funding in the amount of \$ \_\_\_\_\_ for costs associated with the activity.

Director Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Original to Accounts / Copy to Community Development      Approved from account number 210142.1335

## Step 6A: Conflict of Interest

Is any member of your committee employed by an organisation that may benefit financially from this grant if successful?

☐ Yes (please state the nature of this interest):

☐ No


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## Step 6B: Declaration of Applicant

I \_\_\_\_\_ (Name of Person)

\_\_\_\_\_ (Position Title) of

\_\_\_\_\_ (Organisation Name) do hereby declare that I am authorised on behalf of the organisation to sign this declaration and the information supplied is, to the best of my knowledge, accurate and complete. The City of Rockingham will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. I understand that any decision made by the City of Rockingham is final and is not subject to an appeals process.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Witnessed By Officer Bearer:*

Name: \_\_\_\_\_

Position: \_\_\_\_\_  
(Held in organisation)

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any information disclosed in this form will only be used by the City of Rockingham for the purposes of assessing funding proposals under the Community Grant Program and will be maintained in accordance with the Privacy Act 1988.



## Step 7: Checklist

### Have you:

- ☐ Completed all the applicable steps
- ☐ Kept a copy of your signed application and attachments for your records.
- ☐ Completed Step 6 with signatures from authorised office bearers.

### Have you included the following documents with your application:

*(Please submit only copies of original documents)*

- ☐ Statement of a Supplier Form if required (see step 1.5).
- ☐ A copy of your Incorporation Certificate (see step 1.7).
- ☐ Copy of Financial Statement (see step 1.8).
- ☐ A copy of Public Liability Certificate (see step 1.9).
- ☐ Provide hyperlink or copy of constitution (see step 1.10b).
- ☐ Supplied written quotes (see step 4).
- ☐ Copy of any other supporting information (e.g. proof of outdoor event approval, see step 3.9).
- ☐ Appendix One (1) completed (if required)
- ☐ Appendix Two (2) completed
- ☐ A written agreement between applicant and Auspicing Body (if required), see Appendix one (1).

**If you have completed all of the above, you are ready to submit your application.**

**If you have any queries, please contact the City's Community Grants Officer on 9528 0333.**

**Please submit your application (including attachments) via email, post or in person:**

In Person:	By Mail:	Via Email:
Customer Service City of Rockingham Administration Building Civic Boulevard Rockingham WA 6168	Community Capacity Building City of Rockingham PO Box 2142 Rockingham DC WA 6967	customer@rockingham.wa.gov.au  Subject: Community Grants Program General Grant

## Appendix 1: Auspice Organisation Details

### 1.1 Auspicing organisation's name (*legal trading name*):

Organisation Name:

### 1.2 Auspicing organisation's registered business address details (*not PO Box*):

Street Address:

Suburb/Town/City:

State:

Postcode:

### 1.3 Auspicing organisation's postal address only if different from registered business address:

Address:

Suburb/Town/City:

State:

Postcode:

### 1.4 Auspicing organisation's contact details:

Contact Person's Name:

Contact Person's Position:

Phone Number - *Organisation*:

- *Contact Person's Direct Line*:

- *Mobile*:

Email

- *Organisation*:

- *Contact Person's Direct Email*:

### 1.5 Is the Auspicing organisation registered with an Australian Business Number (ABN) or Australian Registered Business Number (ARBN)?

☐ Yes: please provide details.

ABN:

ARBN:

☐ No (if you do not have an ABN number please download and complete a Statement by a Supplier form, visit [www.ato.gov.au](http://www.ato.gov.au)).

### 1.6 Is the Auspicing organisation registered for GST (Goods and Service Tax)?

☐ Yes

☐ No

**1.7 Is the Auspicing organisation incorporated?**

- ☐ Yes: please attach a copy of the Incorporation Certificate. ☐ No: your application will be deemed ineligible.

**1.8 Do you have a copy of the auspicing organisation's audited financial statement?**

*(Financial statement from last annual general meeting).*

- ☐ Yes: please attach a copy of audited financial statement. ☐ No: your application will be deemed ineligible.

**1.9 Does the Auspicing organisation have public liability insurance?**

*(MUST be current and provides cover for the proposed activity).*

- ☐ Yes: please attach a copy of insurance certificate. ☐ No: your application will be deemed ineligible.

**1.10 Please describe the auspicing organisation and its purpose in 150 words or less OR provide a hyperlink to the organisation's constitution that explains the purpose of the group:**

- ☐ The constitution hyperlink is: OR ☐ Describe the organisation in 150 words or less (*how long it has existed, history, current membership, include any other important information to build the picture for the assessment panel*).


**1.11 Does your organisation have a written agreement (email or letter) from the Auspicing body stating their support for the financial management of this grant?**

- ☐ Yes: please attach a copy of the agreement. ☐ No: your application will be deemed ineligible.

If the organisation agrees to auspice you, you'll need to work with them to put an agreement in writing. They might already have forms you can use, but if not you may have to develop an inaugural agreement. When drafting an Auspice Agreement, both parties must be careful to include all of their intentions and expectations, and must be clear about roles and responsibilities.

***Please continue completing application, go to Step 2.***

## Appendix 2: Electronic Funds Transfer Application

### Conditions of Agreement

Electronic Funds Transfer (EFT) is the City's preferred method of payment. Under this method of payment, the City will electronically deposit amounts owing to you directly into your nominated bank account. A brief description will appear on your bank statement to identify the payment as being from the City of Rockingham. Notification and details of payments are communicated via mailed remittance advice.

If there are any changes in the banking details, please notify the City of Rockingham immediately.

The City of Rockingham will not be held responsible for any delays or errors in payment due to factors out of the City's control (including but not limited to those resulting from banking industry systems).

Completed forms must be returned by email [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au) or post to City of Rockingham at PO Box 2142 Rockingham DC WA 6967.

### Indicate applicable department to which this application refers:

☐ Accounts Payable

☐ Community Development

☐ Building

☐ Planning

☐ Other \_\_\_\_\_

### Company/Individuals Information

Company/Payee Name:
ABN Number:
Postal Address:
Phone Number:

### Bank Details

Branch:	BSB Number:
Account Number:	Account Name:
Email Address:	

**Declaration:** I/We hereby acknowledge and accept the conditions of direct credit as stated in this application

Company/Individual Name:		
Signature (signed for and on behalf of company):		
Name:	Title/Position:	Date:

### For Office Use Only

Accounts Payable Officer	Form Received/Entered:	Date:	Signature:
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