



COMMUNITY GRANTS PROGRAM
2018 / 2019

Infrastructure Planning and Development Grant Application Package

PART 1 – IMPORTANT INFORMATION

PLEASE READ BEFORE SUBMITTING YOUR APPLICATION

The Infrastructure Planning and Development Grant Operating Guidelines contain important information necessary to complete and submit the application, including;

- Eligibility criteria for projects and organisations
- Application and assessment processes
- Grant approval conditions
- Budget preparation and GST, and
- Procurement policy

This application should be completed in accordance with the Infrastructure Planning and Development Grant Operating Guidelines and Community Grants Policy.

If the project is an addition or alteration to premises that the organisation leases from the City, or is on Department of Education Land with a Shared Use Agreement, applicants must first gain written consent from the Lessor (the City of Rockingham).

Applicants for projects of this nature must contact the City Properties team on 9528 0333 to discuss their project and determine whether consent is required prior to submitting the IPDG application. If consent is required, it must be confirmed in writing by City Properties prior to submitting a grant application. Please allow at least two weeks for this process when considering the timeline for your application.

If the project is proposed to be on City or Department of Education land where a Shared Use Agreement is in place, please contact the Community Infrastructure Planning team on 9528 0333 to discuss it further.

Canvassing of Councillors may render the application ineligible.



PART 2 – ORGANISATION DETAILS

Organisation name:

Is your organisation incorporated?

An organisation must be incorporated to be eligible for Community Grants Program funding.

If you are not, your application may be auspiced by another organisation. Please contact the City for further information.

Yes

No

1. Contact Details:			
These details will be used for all correspondence related to the grant.			
Title:		First Name:	
Surname:		Contact Number:	
Position:			
Email:			
Postal Address:			
Suburb:			
State:		Postcode:	

2. ABN Details

Is your group / organisation registered with an Australian Business Number (ABN) or an Australia Registered Business Number (ARBN)?

ABN:

ARBN:

3. Is your group / organisation registered for GST

Yes

No

4. Does your organisation have current and sufficient insurance policies:

See the IPDG Guidelines for a summary of insurance requirements.

Yes

No

5. Please detail the number of members, clients or participants of your organisation:			
Juniors:		Other:	
Seniors:		Volunteers:	
Full-time staff		Part-time/Casual Staff	



PART 3– PROJECT DETAILS

Project Name:	
Total project cost:	
Grant amount requested:	
Reserve / Facility Name:	
Street Address:	
Suburb:	

1. Who owns / manages the land the project will occur on?

Please note that if the land is not owned / managed by the City of Rockingham, or Department of Education with a Shared Use agreement, your project is not eligible for this funding category.

City of Rockingham

Department of Education (Shared Use Agreement)

2. Is the facility leased/licensed from the City of Rockingham?

If you are unsure please contact the City’s Community and Leisure Facilities team to confirm.

If yes, please provide confirmation of Consent to Alter Leased Premises as outlined in the Operating Guidelines.

Yes

No

3. Do you share facilities with, or regularly hire the premises to, other groups / organisations?

If yes, please provide written evidence of their support for your project.

Yes

No



PART 4 – PROJECT PLANNING

1. Provide a brief description of your project

2. What planning has been completed for your project?

No Planning	Needs Assessment
Feasibility Study	Concept Design
Architectural Design	Quotes or Tenders Received
Other, please specify:	

3. How will your project benefit the community in the short and long term?

4. How do you know the community needs this project?

5. Are there available options for consultation or partnerships with other organisations? If not, have you consulted with managers of similar facilities or your governing body?

6. What other alternatives were considered and why is this option the best?

7. How has the following design criteria been considered in your project?

Accessibility

How the product will be accessible for people with disability, and how the community will access the project when it is completed.

Sustainability

Describe how environmental sustainability, as well as ongoing management and maintenance of the finished product, has been considered during the project design.



PART 5 – PROJECT DELIVERY

1. How will your project be delivered?

2. Please provide a detailed timeline for your project. Attach a separate table if required.

Task	Date
Notification of Grant Outcome	
Appoint supplier / contractor	
Obtain approvals	
Project start date	
Project development / construction	
Project completion	
Grant Acquittal	

3. Who will be responsible for project delivery?

4. How was your preferred supplier / contractor selected?

5. When the project is completed, what ongoing maintenance will be required and who will be responsible for it?

PART 6 - PROJECT FUNDING

1. **How much grant funding are you seeking from the City (exclusive of GST)?**

2. **What items or parts of the project budget will City funding contribute to?**
Please include whether there are any ineligible items or items to be funded by other grants etc

3. **How will your project be impacted if the grant is unsuccessful?**

4. **Does the organisation have a contingency in case of unexpected costs or issues during the course of the project?**

5. **How do your preferred suppliers' quotes represent value for money?**
Please consider items such as inclusions, warranties, references etc as well as cost.



6. Have you made any attempts to secure funding through other sources?

Please provide a list in the table below.

e.g. Lotterywest, Department of Sport and Recreation, private sponsorship, etc.

Funding Agency	Amount (\$)	Approved		
		Yes	No	Pending
		<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"/>

7. Have you received funding from the City of Rockingham in the past three years?

If yes, please provide a list in the table below.

Year	Purpose	Amount (\$)	Acquitted	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

8. If your grant is successful, the City will deposit the funds directly into the nominated bank account upon receipt of the invoice.

Bank:

Branch:

Account Name:

BSB:

Account Number:

PART 7 – PROJECT BUDGET			
EXPENDITURE	Cost (\$) (Excluding GST)	INCOME	Cost (\$) (Excluding GST)
		IPDG Requested Amount	
		Cash Contribution from organisation	
		<i>Other (donations/sponsorships)</i>	
Cash Expenditure Sub Total		Cash Income Sub Total	
EXPENDITURE IN KIND		INCOME IN KIND	
		Volunteer Labour/Time	
		Donated materials or services	
In Kind Expenditure Sub Total		In Kind Income Sub Total	
Total Project Expenditure		Total Project Income	

PART 8 – SUPPORTING DOCUMENTATION

The following information should be submitted with your application. Failure to submit the required information may render your application ineligible.

Please note that the documents listed under Organisation Information apply to all applications, while the documents listed under Project Information will vary according to the type of project. If you are unsure which documents are required for your application, please contact the Community Infrastructure Planning team on 9528 0333.

Organisation Information	Project Information
<input type="checkbox"/> Copy of Constitution* <input type="checkbox"/> Business Plan* <input type="checkbox"/> Copy of Incorporation Certificate <input type="checkbox"/> Most recent audited Financial Statements <input type="checkbox"/> Copies of Insurance Certificates <input type="checkbox"/> Certificate of GST Registration (if applicable)	<input type="checkbox"/> Consent to Alter Leased Premises <input type="checkbox"/> Facility Plans / Drawings <input type="checkbox"/> Site Plans <input type="checkbox"/> Quotations for all budget items <input type="checkbox"/> Letters of Support from Relevant Groups <input type="checkbox"/> Needs Assessment / Feasibility Study <input type="checkbox"/> Written verification of funding sources

*These documents may be provided in the form of web links

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

<i>In Person before 4.30pm</i>	<i>By Mail:</i>	<i>Via Email:</i>
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



PART 9 – APPLICANT DECLARATION

CONFLICT OF INTEREST

Are any members 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

UNDERSTANDING OF GUIDELINES

Please ensure that you obtain a copy of the Infrastructure Planning and Development Grant Guidelines, and that the application form is completed in accordance with the instructions in that document. If you have any questions please contact the Community Infrastructure Planning team on 9528 0333.

I have read and understood the Infrastructure Planning and Development Grant Guidelines

DECLARATION OF APPLICANT

I _____ **(Name of Person)**

_____ **(Position Title)** of

_____ **(Organisation Name)**

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: _____
(President or Chairperson)

Date: ____ / ____ / ____

Witnessed By Office Bearer of the organisation:

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.