# General Grants Application



To find out more visit rockingham.wa.gov.au/grants







The City of Rockingham is committed to supporting incorporated not-for-profit organisations/associations, or those limited by guarantee, that are based or providing services within the Rockingham community to assist with the delivery of programs, projects, events or activity that benefit the Rockingham community.

General grants require <u>30 business days</u> to process from when the application has been received in full. Applications will not be processed until all required information and supporting documentation (e.g. quotes, financial statements, insurance etc.) have been received.

Projects that commence within 30 business days of the application being received in full will be deemed ineligible.

#### Before completing your application, please ensure that you have:

Discussed your application with the Community Grants Officer prior to submitting your application, irrespective of whether you have applied for/received grants from the City before.

Acquitted previous grants prior to submitting any new grant applications.

Note: acquittals that are submitted at the same time as new grant applications might delay processing the new grant application.

Read the Community Grants Program Guidelines, including all eligibility and ineligibility criteria.

Read Handy Tips for Grant Writing, available from rockingham.wa.gov.au/grants

Received quotes for all expenses you are seeking funding for, in line with the Community Grants Program Guidelines.

## **Step 1:** Contact details

## 1.1 Organisation details: Organisation name Note: this should be identical to the Incorporation Certificate. Organisation address Address: Suburb/City: State: Postcode: Postal address Address: Suburb/City: State: Postcode: 1.2 Contact person details: Name: Position: Phone number: Email:

## **Step 2:** Tell us about your organisation

### 2.1 Organisation details:

| Is your organisation incorporated?  | Yes – please attach a copy of your Incorporation Certificate No – you may apply for a grant through an auspicing body. Please complete Step 4 Auspice organisation*. |
|---|--|
| Is your organisation registered with an Australian Business Number (ABN)** or Australian Registered Business Number (ARBN)? | Yes - ABN**  ABN:  Yes - ARBN  ARBN:  No  Please download and complete a Statement by Supplier form.  Visit ato.gov.au   |
| Is your organisation registered for Goods and Services Tax (GST)***?  | Yes<br>No  |

### 2.2 Supporting documentation

| Please attach the following documents at the time of submitting your application:  |  |  |
|--|--|--|
| Public liability insurance (must be current and provide cover for the proposed program or event).                            | <b>Yes No</b> – your application will be deemed ineligible |  |
| Organisation's Financial Statement<br>(must be Financials from your organisation's<br>last endorsed Annual General Meeting). | <b>Yes No</b> – your application will be deemed ineligible |  |

# **Step 2:** Tell us about your organisation

| 2.3 Please tell us about your organisation:  |  |  |  |  |
|--|--|--|--|--|
| When was your organisation established?  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| How many current members?  |  |  |  |  |
|  |  |  |  |  |
| What is your organisation's purpose/vision:  |  |  |  |  |
| The state of the s |  |  |  |  |
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| Are you targeting a specific audience:   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Provide a link below to, or attach a copy of, your organisation's constitution:  |  |  |  |  |
| The second contract of |  |  |  |  |
| Provide a link below to, or attach a copy of, your organisation's constitution:  |  |  |  |  |

## Step 2: Tell us about your organisation

#### 2.4 Previous City of Rockingham funding received

Has your organisation (or the auspicing organisation) received funding from the City within the last three years?

|   | Title of program/event | Date of<br>funding<br>received<br>(DD/MM/YY) | Amount<br>of funding<br>received<br>\$ | Acquittal<br>status |
|---|------------------------|--|--|---------------------|
| 1 |                        |  |  |                     |
| 2 |                        |  |  |                     |
| 3 |                        |  |  |                     |
| 4 |                        |  |  |                     |
| 5 |                        |  |  |                     |
| 6 |                        |  |  |                     |

#### **Acquittal status**

Completed This means that you have provided a detailed report of how the grant money was used,

and provided receipts, photos etc.

Not required This means that the grant did not require an acquittal.

In process This means that the acquittal is not yet due but will be completed.

The City requires some grants to be acquitted using the Grants Acquittal Form before applying for another grant. If you are unsure, please contact the Community Grants Officer.

| 3.1   | 1 Title of your program, project, event or activity: |                       |   |                        |  |
|---|--|-----------------------|---|------------------------|--|
|   |  |                       |   |                        |  |
| 3.2   |  |                       | Community Grants Program ta<br>es of your program, project, e |                        |  |
| Se  | elect one  | option.               |   |                        |  |
|   | Comm   | unity Development     | Economic Development  | Culture and the Arts   |  |
|   | Sport and Recreation                                 |                       | Environment and Heritage                                      | Emergency Services     |  |
| 3.3   | Please   | provide informat      | ion about your program, proje                                 | ct, event or activity: |  |
| ls  | this a nev   | v program, project, e | vent or activity?   |                        |  |
|   | Yes No – how long has it been running?               |                       |   |                        |  |
| Please describe your program, project, event or activity. Also include information about how it aligns with the target area identified above. |  |                       |   |                        |  |
|   |  |                       |   |                        |  |
|   |  |                       |   |                        |  |
|   |  |                       |   |                        |  |
|   |  |                       |   |                        |  |
|   |  |                       |   |                        |  |
|   |  |                       |   |                        |  |

|   | What specific community needs will this project address?   |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
|   |  |  |  |  |
|   | How will this program, project, event or activity engage with the City of Rockingham community, and encourage local participation? |  |  |  |
|   |  |  |  |  |
| _ |  |  |  |  |
|   | Estimated number of attendees/beneficiaries  |  |  |  |
|   | How many volunteers will be involved? (Note: ensure that this is reflected in your budget in the in-kind section).                 |  |  |  |
|   |  |  |  |  |

| Are you targeting a specific audience? |  |                            |  |
|--|--|----------------------------|--|
| No                                     | People with disability                       | First Nations people       |  |
| People at risk                         | Culturally and linguistically diverse people |                            |  |
| Early years 0 - 4 years                | Children 5 – 11 years                        | Young people 12 – 24 years |  |
| Adults 25 – 59 years                   | Older people 60+ years                       |                            |  |
| Other (please specify):                |  |                            |  |

| What is the location? |  |
|-----------------------|--|
| Venue/location name:  |  |
| Street address:       |  |
| Suburb/Town/City:     |  |

#### 3.4 When and where will your program, project, event or activity take place?

| When will it take place? |                          |                        |      |
|--------------------------|--------------------------|------------------------|------|
| Program/event            | Start date<br>(DD/MM/YY) | End date<br>(DD/MM/YY) | Time |
|                          |                          |                        |      |
|                          |                          |                        |      |
|                          |                          |                        |      |

If you are hosting or running an outdoor event, you may be required to complete an Outdoor Event Application. Please confirm:

Yes: approved
(please attach approval from the City's Health Services).

Yes: submitted but not yet approved.

Ves: submitted but not yet approved.

Not applicable: (not hosting outdoor event).

#### 3.5 Sustainability of your program, project, event or activity:

| Is this a one-off or ongoing program, project, event or activity?                                   |   |  |  |
|---|---|--|--|
| One-off – proceed to next question.   | <b>Ongoing</b> – complete additional information below. |  |  |
| If it is an ongoing program, project, event or activity, explain how it will be sustained after the |   |  |  |

| If it is an ongoing program, project, event or activity, explain how it will be sustained after the funding period ends: |  |
|--|--|
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#### 3.6 Partnerships and collaboration

Describe any partnerships or collaborations with other organisations or stakeholders for this project (do not include parties that will be getting paid).

| Name of local business, service, organisation, local not-for-profit: | State what their role is:  (in the lead up to the event or program or on the day of the event/program). |
|--|---|
|  |   |
|  |   |
|  |   |

#### 3.7 Accessibility

What considerations have you made to ensure that your project is accessible for all participants, including people with disability? (e.g. accessible promotional material, access to buildings and other facilities)

Please contact the City's Community Development Officer (Disability Access and Inclusion) should you wish to discuss accessibility.

#### 3.8 City recognition

If successful for funding from the City, how will you acknowledge the City's contribution? Please provide proof as part of the acquittal process.

Display of the City's logo on flyers

Banners/signage

Social media

Website

Media

(e.g. newspapers, television and/or radio

acknowledgement)

Verbal acknowledgement

(e.g. speech/presentation)

Written acknowledgement

(e.g. newsletter)

Other (please state):

# **Step 4:** Budget and financial information

## 4.1 Budget (Example)

| The Budget (Example)  |  |                           |                           |
|---|--|---------------------------|---------------------------|
| Item  | Description  | Grant Amount<br>Requested | Applicant<br>Contribution |
| Income  |  |                           |                           |
| Grant<br>requested  | Amount requested from the City of Rockingham                                     | \$3,000.00                |                           |
| Applicant's own cash contribution   | own cash to the project  |                           | \$1,000.00                |
| Other sponsorship/ Revenue from donations/sponsorship etc. donations                |  |                           | \$1,000.00                |
| Sub Total   |  | \$3,000.00                | \$2,000.00                |
| Grand Total   |  | \$5,000.00                |                           |
| Expenses  |  |                           |                           |
| Venue hire  | Cost for renting venue for the duration of event, including set-up and pack-down | \$1,600.00                |                           |
| Security  | Hire of security for the event x six hours                                       | \$1,400.00                |                           |
| Marketing/<br>promotion   | Flyers and newspaper advertising   |                           | \$1,100.00                |
| Catering Tea, coffee, light refreshments (sandwiches, sausage rolls, fruit platter) |  |                           | \$900.00                  |
| Sub Total   |  | \$3,000.00                | \$2,000.00                |
| Grand Total   |  | \$5,00                    | 0.00                      |
| lus IVi mal   |  |                           |                           |
| In-Kind   | 0:   |                           |                           |
| Volunteer<br>hours  | Six volunteers at 20 hours @ \$40.00/hour – venue set up                         |                           | \$4,800.00                |
| Donations Donation of ice creams 100 x \$2.50                                       |  |                           | \$250.00                  |
| Total In-kind   |  |                           | \$5,050.00                |

# **Step 4:** Budget and financial information

### 4.2 Budget

| ltem        | Description | Grant Amount<br>Requested | Applicant<br>Contribution |
|-------------|-------------|---------------------------|---------------------------|
| Income      |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
| Sub Total   |             |                           |                           |
| Grand Total |             |                           |                           |
| -           |             |                           |                           |
| Expenses    |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
|             |             |                           |                           |
| Sub Total   |             |                           |                           |
| Grand Total |             |                           |                           |

# **Step 4:** Budget and financial information

| In-kind item | Description | Calculation<br>(how many volunt<br>how many hours ( | Calculation<br>(how many volunteers x<br>how many hours @ \$40.00) |  |
|--------------|-------------|---|--|--|
|              |             | Х   | x \$40   |  |
|              |             | Х   | x \$40   |  |
|              |             | Х   | x \$40   |  |
|              |             | X   | x \$40   |  |
|              |             | X   | x \$40   |  |
| Total        |             |   |  |  |

## Auspice organisation details: Organisation name Note: this should be identical to the Incorporation Certificate. Organisation address Address: Suburb/City: State: Postcode: Postal address Address: Suburb/City: State: Postcode: 5.2 Contact person details: Name: Position: Phone number: Email:

| Is your organisation incorporated?                                   | <b>Yes</b> – please attach a copy of your<br>Incorporation Certificate |  |  |
|--|--|--|--|
|  | No – you may apply for a grant through                                 |  |  |
|  | an auspicing body. Please complete Part<br>4 Auspicing*                |  |  |
|  |  |  |  |
| Is your organisation registered with an                              | Yes - ABN**  |  |  |
| Australian Business Number (ABN)** or Australian Registered Business | ABN:   |  |  |
| Number (ARBN)?   | Yes - ARBN   |  |  |
|  | ARBN:  |  |  |
|  | No   |  |  |
|  | Please download and complete a Statement by Supplier form.             |  |  |
|  | Visit ato.gov.au   |  |  |
|  |  |  |  |
| Is your organisation registered for Goods and Services Tax (GST)***? | Yes  |  |  |
|  | No   |  |  |
| 5.3 Please tell us about your organisation:                          |  |  |  |
| When was your organisation established?                              |  |  |  |
|  |  |  |  |
|  |  |  |  |
| How many current members?  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Provide a brief history of your organisation:                        |  |  |  |
|  |  |  |  |
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|  |  |  |  |

| What is your organisation's purpose/vision?                                     |
|---|
|   |
|   |
|   |
| Provide a link below to, or attach a copy of, your organisation's constitution: |
|   |
| Other relevant information about your organisation:                             |
|   |
|   |

## 5.4 Supporting documentation

| Please attach the following documents at the time of submitting your application:  |  |  |
|--|--|--|
| Public liability insurance (must be current and provide cover for the proposed program or event).                            | <b>Yes No</b> – your application will be deemed ineligible |  |
| Organisation's Financial Statement<br>(must be Financials from your organisation's<br>last endorsed Annual General Meeting). | <b>Yes No</b> – your application will be deemed ineligible |  |

#### 5.5 Previous City of Rockingham funding received

| Has | Has your organisation received funding from the City within the last three years? |  |  |              |  |
|-----|---|--|--|--------------|--|
|     | Yes – please complete details below No – please proceed to the next question      |  |  | ext question |  |
|     | Date of Amount funding of funding received received Acquittal Status              |  |  |              |  |
| 1   |   |  |  |              |  |
| 2   |   |  |  |              |  |
| 3   |   |  |  |              |  |
| 4   |   |  |  |              |  |
| 5   |   |  |  |              |  |
| 6   |   |  |  |              |  |

#### **Acquittal status**

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and provided receipts, photos etc.

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## **Step 6:** Conflict of interest and declaration

# Is any member of your committee employed by an organisation that may benefit financially from this grant, if successful? **Yes** – State the nature of this interest below: No **Declaration of Applicant** I hereby declare that I am authorised on behalf of the organisation to sign the 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 appeal process. Name: Position title: Organisation name: Date: Signature: Witnessed by Office Bearer: Name: Position held in organisation: Date:

Signature:

## **Step 7:** Before submitting application

#### I confirm that I have:

| Discussed my application with the Community Grants Officer prior to submission |
|--|
| Read the Guidelines  |
| Read the Handy Tips for Grant Writing document                                 |
| Completed all steps  |
| No outstanding aquittals   |

#### I also confirm that I have attached the following documents:

| Statement of Supplier (if required)   |
|---|
| Incorporation certificate   |
| Latest audited financial statements   |
| Copy of Public Liability Insurance certificate                              |
| Constitution, or have provided a hyperlink to the constitution              |
| Written quotes as per Guidelines  |
| Written agreement between organisation and the Auspicing Body (if required) |
| Other supporting information (e.g. outdoor event approval)                  |

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<br>City of Rockingham<br>Administration Building<br>Civic Boulevard<br>Rockingham WA 6168 | Community Capacity Building<br>City of Rockingham<br>PO Box 2142<br>Rockingham DC WA 6967 | customer@rockingham.wa.gov.au<br>Subject: Community Grants<br>Program General Grant |