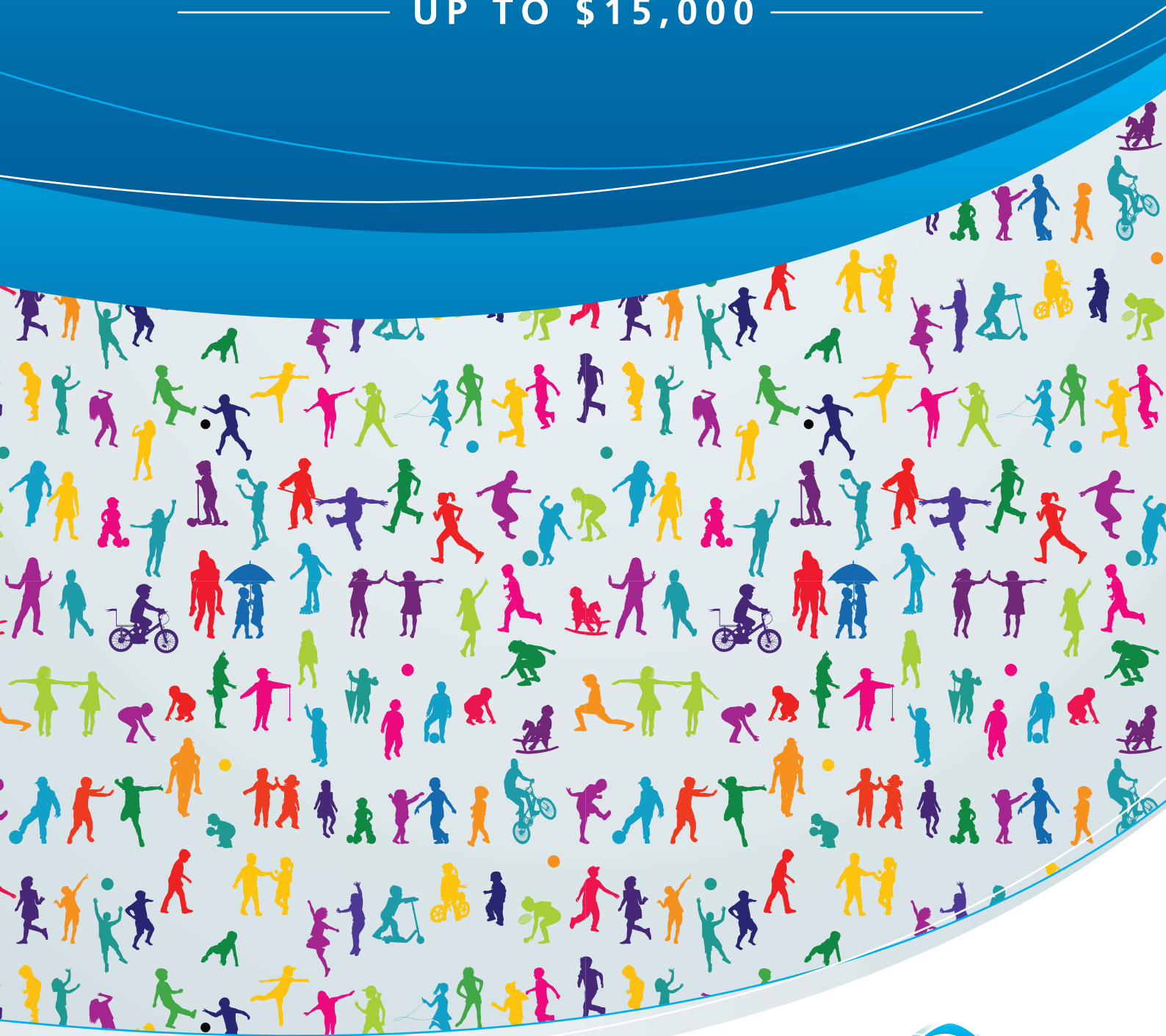


Major Grant Application

UP TO \$15,000



Applications are invited from incorporated organisations and associations, or those limited by guarantee (e.g. community groups and clubs) to assist with the delivery of programs and events that benefit the Rockingham community. Eligible applicants can apply for amounts between \$3,001 and \$15,000. Major grants are considered by Council and require 60 working days to process. A formal grant acquittal process is mandatory and must be received by the City within 60 working days after the completion of the program or event.

Major Grant applications can be submitted at any time however they are only considered two times a year. Applications must be completed in full by the applicant and received by the City by the closing date.

Grants will only be considered if:

- ✓ the applicant is an incorporated organisation or association, or those limited by guarantee (eg. club, community group including Parent and Citizens (P&C) or Parent and Friends (P&F) Association)
- ✓ the applicant has current public liability insurance at the time of the program or event
- ✓ the program or event delivers meaningful benefits for the City of Rockingham community
- ✓ the program or event takes place within the boundaries of the City of Rockingham
- ✓ fully completed applications have been received by the City by the closing date
- ✓ the applicant has supplied quotes for all purchases in accordance with the Major Grant Guidelines
- ✓ the applicant has consulted with a City staff member about this project prior to submitting the Grant application.

Completed applications should be forwarded to:

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 (8MB limit):

customer@rockingham.wa.gov.au
Subject: Community Grants
Program Major Grant

Grants will NOT be considered if:

- ✗ the applicant is a Local, State or Commonwealth authority
- ✗ the applicant is an individual, a school, a public company (except those limited by guarantee) 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
- ✗ the applicant does not supply all supporting documentation or the application is incomplete
- ✗ the application is for fixed infrastructure (to develop, modify, upgrade buildings) – please apply through the Infrastructure Planning and Development Grants
- ✗ the application is received by the City after the closing date
- ✗ the applicant is requesting funding for retrospective payments
- ✗ the applicant is requesting rates subsidy (excluding rubbish removal or emergency service levy)
- ✗ the program or event begins within 60 working days after the closing date of the round
- ✗ budget items listed include bonds, employee salaries or wages, seasonal ground allocation and event management fees
- ✗ essential infrastructure, goods and services that should be funded by the applicant or responsible body will not be funded by the Community Grants Program.

Applicants that demonstrate a financial contribution will be considered favourably.

Before applying, please also read the full Community Grants Program Policy and Guidelines on the City's website (www.rockingham.wa.gov.au).

Major Grant: Application Form

The Community Grants Program (CGP) aims to provide assistance to incorporated organisations and associations, or those limited by guarantee (e.g. community groups and clubs) that can deliver meaningful benefits and outcomes in the target areas listed below. Please select one area that is the best fit for your 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: |
|--------------------|

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

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

1.3 Postal Address:

| | | |
|-------------------|--------|-----------|
| PO Box 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).

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

☐ Yes (if grant awarded you will be required to send a tax invoice with details of the amount awarded. A City of Rockingham officer will contact you for this.)

☐ 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 Grants Officer on 9528 0333 to discuss grant application and necessary documentation.

1.10 Do you have a copy of the minutes where the event or program was endorsed by the committee?

☐ Yes: please attach a copy of minutes ☐ No: your application will be deemed ineligible

1.11a Please describe your organisation and its purpose in 150 words or less:

(Include any other important information to build the picture for the assessment panel. How long has your organisation existed? What is the history and current membership?)

| |
|--|
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| |

1.11b Attach a copy of or provide a hyperlink to the organisation's constitution:

| |
|--------------------------------|
| The Constitution hyperlink is: |
|--------------------------------|

1.12 Will you be applying for this grant through an auspicing body?

☐ Yes: please go to Appendix 1. ☐ No: please go to Step 2.

An Auspice Organisation ensures:

*that the program/event for which the funding is sought, furthers the mission/objectives of their organisation in some way

*checks the constituent documents (constitution, rules, by laws)

*that entering into the auspicing agreement is consistent with the objectives and powers of their organisation.

In the context of grant applications, an auspice organisation is legally and financially responsible to receive the approved grant money, ensure program/event is completed on time, submits acquittal and evaluation report. (See CGP Policy for more detail).

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/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 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 all Major and some minor grants to be acquitted using the Acquittal and Evaluation Form before applying for another City grant. If you are unsure please contact a City Community Grants Officer on 9528 0333.

Step 3: About the program or event

3.1 What is the title of the program or event:

Program/Event Title:

3.2 What is the day/s, date/s and time/s of your program or event:

| Program/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 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*).

[illegible]

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 or know 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 hoping will attend your program or event?

| |
|-------------------|
| No. of Attendees: |
|-------------------|

3.3e Is the program or event targeting a specific audience?

Please tick below:

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> At Risk | <input type="checkbox"/> People with Disability | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Aboriginal and Torres Strait Islander People | <input type="checkbox"/> Culturally and Linguistically Diverse | |

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 3.6. |
|--|--|

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/program or on the day of the event/program) |
|--|---|
| | |
| | |
| | |
| | |
| | |
| | |

3.4 Please list the community benefits (both short and 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 or location been booked or confirmed?

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

3.7 Is the program or event once-only or is it ongoing?

☐ Once only ☐ 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*)
☐ No: but aware of requirement and it will be submitted at least 60 days before 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

☐ Yes

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

☐ Access to services and events

☐ Access to information

☐ Equity of service from volunteers and staff

☐ Complaints

☐ Access to buildings and other facilities

☐ Access to public consultation

☐ Quality of service

☐ 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?

☐ Acknowledgement of City's contribution
(verbal e.g. speech or presentation)

☐ City logo on flyers

☐ Acknowledgement of City's contribution
(written e.g. newsletter)

☐ Media – local community newspapers

☐ Media – West Australian, Television

☐ Website

☐ Other (Please state):

☐ Social Media

☐ Signage: 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 filling out 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 Major Guidelines.
5. In-kind contribution refers to donations/inclusion of goods or services that have a value e.g.venue costs, donated materials, or volunteers 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 **\$40** 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) |
|--|-----------------------|--|-----------------------|
| City of Rockingham REQUESTED Grant \$ | 4000 | Marketing and promotion | 2500 |
| | | Venue hire | 2650 |
| | | Facilitator | 400 |
| Organisation's cash contribution | 1500 | Catering | 750 |
| Donations | 1000 | Temporary infrastructure | 2200 |
| Sponsorship | | Event fees | 500 |
| Other grants/funding | | Traffic management | |
| Additional contributions from other sources | | | |
| Tickets sold \$15 each (max 150 tickets) | 2500 | | |
| Sub Total Income | 9000 | Sub Total Expenditure | 9000 |
| Income In-Kind | | Expenditure In-Kind The City recognises your valuable contribution – please estimate value of in-kind contribution | |
| Volunteers x 4 x 12hrs @ \$40 | 2500 | Volunteers x 4 x 12hrs @ \$40 | 2500 |
| Administration cost (printing, photocopying) | 2500 | Administration costs (printing, photocopying) | 2500 |
| Sub Total of Income In-Kind | 5000 | Sub Total of Expenditure In-Kind | 5000 |
| TOTAL INCOME | 14000 | TOTAL EXPENDITURE | 14000 |

| Income | Amount (excl. GST) | Expenditure Please list items | Amount (excl. GST) |
|--|-----------------------|---|-----------------------|
| City of Rockingham REQUESTED Grant \$ | | | |
| | | | |
| | | | |
| 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 | |

Step 5A: 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

| |
|--|
| |
| |
| |
| |
| |
| |

Step 5B: 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 applications 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
- ☐ Completed Step 5 with a signature from authorised office bearer together with signature from witness
- ☐ Kept a copy of your signed application and attachments.

Have you included the following documents with your application?

Any applications received without all of the appropriate documents will be deemed ineligible.

(Please submit only copies of your original documents)

- ☐ Statement by a Supplier Form if required (see step 1.5)
- ☐ A copy of your Incorporation Certificate (see step 1.7)
- ☐ A copy of Financial Statement (see step 1.8)
- ☐ A copy of Public Liability Certificate (see step 1.9)
- ☐ Copy of minutes (see step 1.10)
- ☐ Provided constitution hyperlink or description (see step 1.11)
- ☐ 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 (8MB limit per email): |
|---|---|---|
| Customer Service City of Rockingham Administration Building Civic Boulevard Rockingham WA 616 | Community Capacity Building City of Rockingham PO Box 2142 Rockingham DC WA 6967 | customer@rockingham.wa.gov.au Subject: Community Grants Program Major 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:

| | | |
|-------------------|--------|-----------|
| PO Box 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)?

| | | | |
|---|---|-------|--|
| <input type="checkbox"/> Yes: please provide details. | <input type="checkbox"/> No (if you do not have an ABN number please download and complete a Statement by a Supplier form, from www.ato.gov.au). | | |
| <table border="1"><tr><td>ABN:</td></tr><tr><td>ARBN:</td></tr></table> | ABN: | ARBN: | |
| ABN: | | | |
| ARBN: | | | |

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

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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 your organisation in 150 words or less
(how long 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 into 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 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: |
|--------------------------|------------------------|-------|------------|