### SUPPORT LETTER APPLICATION FORM – PROJECT AND IN KIND SUPPORT

*Applications for letters of support must be submitted a minimum of 10 working days before it is required or applications will not be considered.*

|  |
| --- |
| Organisation Name: |
| Contact:  |
| Address: |
| Phone:  | Email:  |

PROJECT DETAILS

|  |  |
| --- | --- |
| Project Name:  |  |
| Does your Project meet the following Criteria (Please mark)  | * The project does not contravene any laws or regulations
* The project is of benefit (socially, economically and/or environmentally) to the wider community
* All reasonable measures have been taken to minimise/reduce the risk of the project (including holding appropriate insurances)
* We have taken all reasonable measures to minimise/reduce the impact of the project on the environment
* We have allowed a minimum of 10 days before the letter is required
* We have attached a letter of support draft for consideration
 |
| City Officer you have consulted:  | Name:  |
| Briefly describe the Project: (or attach Project Proposal)  |  |
| Outline the need and the anticipated community or economic benefits of your project:(Attach additional information if required)  |  |
| Support for your project: | Outline any existing partnerships or support from other organisations: |
| Alignment with City of Albany 2030 Community Strategic Plan:  | Our project aligns with the following City’s Community Strategic Plan objectives:  |
| Other City of Albany Plans & Strategies your project aligns with: (Please list)  |  |
| Does your project involve capital infrastructure or works on City of Albany facilities or owned/managed land?  | * No
* Yes (please provide additional information):
 |
| Funding Body:  | Amount Requested:  |
| In-kind support requested from the City of Albany:  | * Discounted/FREE venue hire
 | Estimated number of hours: |
| * Officer time (during business hours)
 | Estimated number of hours:  |
| * Officer time (outside of business hours)
 | Estimated number of hours: |
| * Other: (please detail)
 | Please detail:  |

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorised Signatory

Note:

* Completion of this form does not guarantee a letter of support from the City of Albany. A letter will not be provided if the project does not meet the City’s Letter of Support Policy.
* Please ensure sufficient information is provided for the proposed project to be reviewed by the City of Albany and a letter of support to be drafted.
* Only one letter of support will be supplied by the City of Albany per grant application.
* If applying for more than one grant, a separate form is to be provided per grant.
* Incomplete forms will not be accepted.
* The City will be indemnified from any future obligations in continuing events or projects that have been initiated by community groups or other third parties, if the City determines there is no ongoing community benefit.

**Completed application forms are to be sent to** **staff@albany.wa.gov.au** **or by post to**

**PO Box 484, ALBANY WA 6331**

**If you have any questions or queries in relation to the Letter of Support process or policy, please contact the Community Development Team on 6820 3000**

**Office Use Only**

**Value of In-kind Contribution**

|  |  |
| --- | --- |
| **Council Contribution** | **Value:**  |
| **Venue Hire** |  |
| **Officer time (business hours)** |  |
| **Officer time (outside of business hours)\*** |  |
| **Other:**  |  |
| **Total** | **$** |

**Checklist (select those which apply)**

* *There is a clear benefit to the City of Albany if this project goes ahead.*
* *The requested in-kind contribution is within existing budget and within existing Strategies/Plans*
* *The requested in-kind contribution is outside of existing budget and the City can only provide in principle support.*
* *The requested in-kind contribution is outside of existing budget but relevant approvals have been obtained through ED/CEO for the City to provide in-kind support\*.*

Approved by Delegated Authority

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