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Synergy Reference No: NF099350

## COMMUNITY FINANCIAL ASSISTANCE & EVENTS FUNDING PROGRAM

### APPLICATION FORM

Please read the Program Guidelines before completing this application form  
([www.albany.wa.gov.au/your-community/financial-assistance/](http://www.albany.wa.gov.au/your-community/financial-assistance/))

Name of Organisation: \_\_\_\_\_

Project/Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Grant Requested (please tick one box. Separate application required for other purposes)

Minor Community Grant (\$201 to \$10,000)

Closing Dates

Round 1: 31<sup>st</sup> May each yr

Round 2: 30<sup>th</sup> Nov each yr

#### Categories

Community Facility

Community Based Emergency Services

Community Based Economic Development

Community Services and Other Purposes

Youth Crisis Services

Major Forward Planning Grant (between \$10,000 and \$50,000) Closing Date: 30<sup>th</sup> Nov  
(Note: Applies to next financial year and funding will not be available until August of that year)

Reimbursement of Council Property Rates

Community Donation (up to \$200)

Received anytime

**Community Event Grant (up to \$15,000)**

**Closing Date: 31<sup>st</sup> May**

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Category of Event**

Icon Event

Community Event

Sporting Event

**Amount requested**            \$ \_\_\_\_\_

**Total Project/Event Cost**    \$ \_\_\_\_\_

## Part 1 - APPLICANT'S DETAILS

Name of Organisation			
Postal Address			
Email Address			
Contact Person/s	1.		
	2.		
Positions/s	1.		
	2.		
Telephone No.	1.	Hm	Wk
	2.	Hm	Wk
Registered for GST? (Please tick ) Yes <input type="checkbox"/> No <input type="checkbox"/>			If registered for GST please complete the Addendum – Goods & Services Tax attached to the application form and return it with your application.
ABN: _____			
<p>If the organisation does not have an ABN, please complete the following:</p> <p style="text-align: center;"><b>STATEMENT BY A SUPPLIER</b></p> <p>The whole of the payment that I (or the partnership that I represent) will receive for the supply is exempt from income tax, therefore, I am not quoting you an ABN. You should not withhold an amount from the payment you make to me for the supply. I agree to advise you in writing if circumstances change to the extent that this statement becomes invalid.</p> <p>Name of authorised person: _____</p> <p>Signed: _____ Date: _____</p> <p>Day time telephone No.: _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">                 It is an offence to make a false or misleading statement             </div>			

BANK ACCOUNT DETAILS											
Name of Bank:	_____										
Branch:	_____										
BSB Code (6 Digits)	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> </tr> </table>										
Account Number	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table>										
Name Bank Account Is Held In:	_____										

## Part 1 - APPLICANT'S DETAILS (CONT)

Objective/s of the organisation:

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### Current Membership No's

(20yrs & over)	Male _____	Female _____
Jnr (under 20 yrs)	Male _____	Female _____
Total	Male _____	Female _____

If this application is for Community Events funding, go to Part 3

## Part 2 - PROJECT DETAILS

**Project Description/detail?**

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**Location of the organisation, facility or project?**

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**How will your organisation and/or the community benefit from this project?**

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**How will this facility or project be managed into the future?**

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**How will this facility or project be funded into the future?**

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**What specifically will Council's funds be used for?**

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## Part 2 - PROJECT DETAILS CONTINUED

If the Council contribution does not meet the requested amount, how will project be financed or affected?

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## Part 3 EVENT DETAILS

**Location of the event?**

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**Date/s and timing of the event?**

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**How will this event contribute to local tourism**

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**How will this event contribute to promotion of the Albany district?**

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**What are the future plans for this event?**

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### **Part 3 – EVENT DETAILS (CONT)**

**How do you plan to fund this event in the future to ensure its sustainability?**

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**If the Council contribution does not meet the requested amount, how will the event be affected?**

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**How will the City of Albany's contribution be acknowledged?**

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## Part 4 – FUNDING & BUDGET

What attempts have been made to secure financial assistance from other sources?  
(eg. Dept. of Sport & Recreation; Lotteries Commission; Healthways; commercial sponsorships etc.)

List any grants you have applied for/ or will apply for in relation to this project. Identify if approval has been received.

Funding Agency	Amount	Approved
		Yes No Pending
		Yes No Pending
		Yes No Pending
		Yes No Pending

Has your organisation received funding from the City of Albany in the past 5 Years?

Yes  No

If yes, please provide details

Year	Purpose	Amount

## Part 4 – BUDGET

EXPENDITURE	Item (Specify)	Cost including GST
<b>Total</b>		

INCOME	Item	Total Receipts
<b>Applicant contribution</b>		
<b>Other grants (as listed on previous page)</b>		
<b>Other income -specify</b>		
<b>Council cash contribution (this application)</b>		
<b>Total</b>		

**Note: One written quotation is required for all purchased items greater than \$500 in value**

**You may also attach your project budget if formatted differently from above**

## Part 5 - DECLARATION BY APPLICANT

I, the undersigned, certify that I have been authorised to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and correct.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

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## Part 6 - ADDITIONAL INFORMATION

The following is to be submitted with the application:

- Most recent Profit & Loss Statement and Balance Sheet
- Copy of incorporation certificate
- Copy of constitution

Additional information may be provided including:

- Event Management Plan
- Risk Management Plan
- Written confirmation of other financial contributions
- Copy of insurance certificate/s

**Note: Please do not include the guidelines with your application**

**Please keep a copy of your application and all associated documentation for your records.**

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For further information or advice please contact the Executive Director of Corporate & Community Services on telephone (08) 98419312.

**Completed applications should be forwarded to:**

City of Albany  
PO Box 484  
Albany WA 6331  
Attention: Executive Director of Corporate & Community Services

## ATTACHMENT 1:

**Note: Organisations registered for GST must complete and return this form with their application.**

### Goods and Services Tax

The Australian Taxation Office's position in relation to GST and grants for financial assistance is set out in GST Ruling 2000/11. We expect that this grant will be subject to GST under this ruling. However, as the liability for GST rests with your organisation, it is imperative that you make this determination in consultation with your professional advisers.

If funding does attract GST, the City of Albany (the City) will pay the applicable GST and will issue a Recipient Created Tax Invoice (RCTI).

#### **Tax Invoices** (where your organisation is registered for GST)

1. The City and your organisation (the 'Service Provider') agree that in lieu of the Service Provider delivering a valid Tax Invoice, the City will issue a Recipient Created Tax Invoice and pursuant to the Commissioner's requirements relating to RCTI's ('Requirements') the parties further agree that:-
  - a) The City can issue Tax Invoices in respect of the Supply;
  - b) The Service Provider will not issue Tax Invoices in respect of the Supply;
  - c) The Service Provider acknowledges that it is registered for GST when it enters into this agreement and that it will notify the City if it ceases to be registered;
  - d) The City acknowledges that it is registered for GST when it enters into this agreement and that it will notify the Service Provider if it ceases to be registered or if it ceases to satisfy any of the Requirements; and
  - e) The City indemnifies the Service Provider for any liability for GST penalty that may arise from an understanding of the GST payable on any supply for which it issues an RCTI.

Please indicate your acceptance of the terms contained in paragraph 3 above by signing, dating and returning to the City a copy of this letter.

Thank you for your co-operation.

Yours sincerely

Paul Richards  
**Chief Executive Officer**

© City of Albany

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We accept the terms contained in paragraph 1 above.

Signed for and on behalf of:

\_\_\_\_\_  
Organisation Name

\_\_\_\_\_  
Signature

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