INDIGENOUS PROJECT GRANTS

Application Form

The City of Albany Indigenous Project Grants aim to support Aboriginal led initiatives, events and projects.

CITY OF Albany

PRIVACY COLLECTION NOTICE

The City of Albany collects your personal information to deliver services and meet our legal obligations under relevant laws.

We handle your information in line with the *Privacy and Responsible Information Sharing Act 2024*. Your information is stored securely, kept only as long as needed, and may be shared with other government agencies if required or permitted by law.

You can request access to or correction of your personal information at any time.

Contact:

City of Albany Privacy Officer

Phone: 08 6820 3000

Email: prisproject@albany.wa.gov.au

APPLICANT DETAILS

Before you start, you must contact Community Development on 6820 3023 to discuss your project idea.

Date of discussion:	
Officer spoken to:	
Organisation name:	
Contact person:	
Postal address:	
Telephone:	
Email:	
Is the applicant: *(tick one box only)*	☐ an organisation ☐ individual

ORGANISATION DETAILS

Name of organisation:		
Is your organisation registered with ORIC? (You may be required to supply a copy of your Certificate of ORIC registration if your application is successful)		
☐ Yes	**Date of registation:**	
☐ No	Please complete the auspicing organisation details below.	
Does your organisation have an Australian Business Number (ABN)? (Please note: individuals must be auspiced by an ORIC registered organisation. Please complete the auspicing body details below)		
☐ Yes	**ABN:**	
☐ No		
Is your organisation registered for GST?		☐ Yes ☐ No

ORGANISATION ADDRESS DETAILS

Postal address:	
Street address: (if different from above)	
Phone:	
Mobile:	
Email:	
Website/URL:	

If the applicant is an individual, or a non ORIC registered group, please complete the following section.

Auspicing organisation's name:	
Contact person:	
Postal address:	
Phone:	
Email:	
Is the auspicing organisation registered for GST?	☐ Yes ☐ No

Please provide some information about your organisation (or auspicing organisation). For example what the organisation does, its client or service base, objectives/ goals/ vision etc.

ALL APPLICANTS TO COMPLETE THE FOLLOWING:

Is the applicant or auspicing organisation covered by public liability insurance?:	☐ Yes (please state level of cover and expiry date) Amount covered: Expiry date:
	☐ No

PROJECT DETAILS

Project title:	

Project Summary:
(No more than 100 words. The information supplied here will be used by the City to describe the project to the public where applicable)

PROJECT DETAILS (Continued)

Project start date:	
Project end date:	
What is the location where your project will take place?	
Which of the funding priorities does your project address? (Applicants may select more than one priority):	

- ☐ Celebrating the rich history, cultures and achievements of Aboriginal and Torres Strait Islander people as one of the oldest continuing cultures (may include NAIDOC celebrations).
- ☐ Increasing community engagement and participation by Aboriginal people in local events and in community life.
- ☐ Provides an opportunity for knowledge sharing between generations.
- ☐ Activities that encourage Reconciliation (including events that acknowledge National Sorry Day and Reconciliation Week).

Funding request: **(excluding GST)**	
Total project cost: **(excluding GST)**	

Project Partners:
(list the organisations, groups, and/or stakeholders involved in delivering your project, and describe their input)

PROJECT DETAILS (Continued)

Please describe your project in detail as follows and attach to your application. If you need more space, you can attach no more than a single A4 page (single sided, Arial 11 point font, single spaced). Refer to Community Funding Guidelines for the assessment process.

What are you going to do?

What are the likely results/changes for the participants/and or community through delivery of your project?

How does your project meet the funding priorities you have identified?

Outline how the project addresses a genuine community need.

PROJECT DETAILS (Continued)

Outline how you have involved Elders in the design, implementation and delivery of the project.

How will you determine whether your project was successful?

Which of the following ways are you able to acknowledge the City of Albany's support for the project? (Refer to the Grants Guidelines – please tick all that are relevant)

- ☐ Acknowledgement of City of Albany support in advertising and media publicity
- ☐ City of Albany signage while the project is occurring
- ☐ Verbal acknowledgement during the project
- ☐ Formal invitations to City of Albany Mayor and/or Councillors to attend project activities, official functions and hospitality opportunities
- ☐ The Mayor or Councillors to be invited to present the welcome or opening speech at the commencement and/or launch of the project

BUDGET

Please outline the total cost of your project. Include any contribution from your organisation, contributions from other funding bodies, and estimated in-kind contributions.

In-kind contributions are goods, services, time, expertise, or other non-cash contributions which assist the development, delivery and/or evaluation of the project.

Request from the City of Albany:	$
Your $ contribution:	$
Other $ contributions:	$
Total $ cost of all contributions:	$
In kind contributions (estimated value):	$

PROJECT COST

Please outline your project's total cost using the table below.
Attach written quotes for major budget item.

Item/s description	Total item cost (ex GST)	$ requested from City of Albany (ex GST)	$ requested from others (ex GST)	$ provided by applicant (ex GST)
Total costs:				

Please note: You may attach a spreadsheet showing income and expenditure if you prefer.

PREVIOUS FUNDING

Has your organisation received funding from the City of Albany in the past five years?

☐ Yes

☐ No

If yes, please provide details:

Year	Purpose	Amount

APPLICANT DECLARATION

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/Role:	
Date:	

CHECKLIST

Please ensure you have:

- ☐ Read the application guidelines carefully
- ☐ Discussed your proposed project with the Community Development Team
- ☐ Confirmed you or your organisation meets the eligibility criteria
- ☐ Developed a project that aligns with at least one of the funding priorities
- ☐ Completed ALL sections of the Application Form (including project detail and budget)
- ☐ Attached any letters of support

HOW TO SUBMIT YOUR APPLICATION

Please submit your completed application together with all required supporting documentation via one of the options below:

In Person: Administration Office, 102 North Road, YAKAMIA

Email: commdevel@albany.wa.gov.au