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| Community fundingApplication Form | The City of Albany’s Community Funding Program provides the opportunity for community organisations to apply for grant funding to support local events, activities and projects.  |

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| **APPLICANT DETAILS**Before you start, you **must** contact Community Development on 6820 3023 to discuss your project idea. |
| **Date of Discussion:** |  |
| **Officer spoken to:** |  |
| **Applicant’s Name:** |  |
| **Contact Person:** |  |
| **Postal Address:** |  |
| **Telephone:**  |  |
| **Email:** |  |
| Is the applicant (tick one box only): | [ ]  an organisation[ ]  individual  |
| *(note that individuals must be auspiced by an incorporated organisation. Please complete the auspicing body details below)* |

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| **ORGANISATION DETAILS** |
| **Name of Organisation:** |  |
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| **Is your organisation incorporated?***(You may be required to supply a copy of your Certificate of Incorporation if your application is successful)* |
| **[ ]  Yes** (date of incorporation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  No** (please complete the auspicing organisation details below) |
| **Does your organisation have an Australian Business Number (ABN)?** |
| [ ]  Yes: (number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No |
| **Is your organisation registered for GST?**[ ]  Yes: [ ]  No |
| **ORGANISATION ACCOUNT DETAILS**Please provide details of your organisation’s main operating account. If your application is successful, this will be the account to which grant funding is paid. |
| **BSB Number:** |  |
| **Account Number:** |  |
| **Bank Name:** |  |
| **Account Name:** |  |
| **ORGANISATION ADDRESS DETAILS** |
| **Postal Address:** |  |
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| **Street Address:** |  |
| **(if different from above)** |  |
| **Phone:** |  |
| **Mobile:** |  |
| **Fax:** |  |
| **Email:** |  |
| **Website/URL:** |  |
| **ORGANISATION CONTACT PERSON** |
| **Name:** |  |
| **Position/Role:** |  |
| **Postal Address:** |  |
| **Phone:** |  |
| **Mobile:** |  |
| **Fax:** |  |
| **Email:** |  |

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| **If the applicant is an individual, or a non-incorporated group, please complete the following section.** |
| **Auspicing organisation’s name:** |  |
| **Contact person:** |  |
| **Postal Address:** |  |
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| **Phone:** |  |
| **Email:** |  |
| **Is the auspicing organisation registered for GST?**[ ]  Yes: [ ]  No |
| **AUSPICING ORGANISATION ACCOUNT DETAILS**Please provide details of your organisation’s main operating account. If your application is successful, this will be the account to which grant funding is paid. |
| **BSB Number:** |  |
| **Account Number:** |  |
| **Bank Name:** |  |
| **Account Name:** |  |

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| **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.** |
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| **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |

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| **PROJECT DETAILS** |
| **Project Title** |  |
| **Project Summary:***(No more than 50 words. The information supplied here will be used by the City to describe the project to the public where applicable)* |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **What is the location where your project will take place?** |
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| **Which of the funding priorities does your project address (Applicants may select more than multiple priorities):**[ ]  Increasing community engagement and participation in local events and community life, in particular by marginalised or disadvantaged groups[ ]  Improving community health and wellbeing[ ]  Activating under-utilised City of Albany community facilities, parks and reserves[ ]  Celebrating community diversity, identity, history and/or heritage |
| **Funding Requested:***(excluding GST)* |  |
| **Total Project Cost:** |  |
| *(excluding GST)* |  |

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| ***Project Partners:****(list the organisations, groups, and/or stakeholders involved in delivering your project, and describe their input)* |
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| **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 does your project aim to achieve?** |
| **What are you going to do?** |
| **Outline how the project addresses a genuine community need.** |

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| **Outline how you have involved community members (target and/or wider community members) 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 page 5 of the Enterprise 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 |

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| **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.*  |
|  | **Amount $ (excluding GST)** |
| **Request from the City of Albany** | **$** |
| **Your $ contribution** | **$** |
| **Other $ contributions** | **$** |
| **Total $ cost of all contributions** | **$** |
| **In kind contributions (estimated value)** | **$** |

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| **PROJECT COST**Please outline your project’s total cost using the table below. Attach written quotes for major budget items |
| **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)** |
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| **Total Costs** |  |  |  |  |

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

**[ ]  Yes** **[ ]  No**

If yes, please provide details:

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| **Year** | **Purpose** | **Amount** |
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| **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:** |  |
| **Date:** |  |

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| **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[ ]  Other attachments (please specify) |

*Synergy File Reference: NF20110567*