



# COMMUNITY EVENTS GRANT

APPLICATION FORM 2020 / 2021



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# COMMUNITY EVENTS GRANT APPLICATION FORM 2020 / 2021

Please ensure that you have read the City of Albany's Community Grant Guidelines and that you are eligible to apply for this funding.

Note: The City will provide two opportunities to apply for Community Events Grants and applications will be assessed according to specific criteria.

#### **KEY CONTACT**

To discuss your project, or for other enquiries about Community Events Grants, please contact the Event Coordinator, Simone Klose 6820 3036 or by email simonek@albany.wa.gov.au.

### **KEY DATES ROUND 1**

Project or Activity Delivered Applications Open Applications Close Application Notification Grant Acquittals

**KEY DATES ROUND 2** 

Project or Activity Delivered Applications Open Applications Close Application Notification Grant Acquittals 1 October 2020 - 28 February 2021 6 July 2020 7 August 2020 4:00PM August 2020 Within six weeks of project completion

1 March 2021 - 30 June 2021 16 November 2020 7 December 2020 4:00PM Early January 2021 Within six weeks of project completion

APPLICANT DETAILS  Before you start, please contact the Event Coordinator to discuss your event application.			
Date of Discussion:			
Officer spoken to:			
Applicant's Name:			
Contact Person:			
Address:			
Phone:			
Email:			
Is the applicant (tick one box only):	an organisation individual		
Note: individuals must be the auspicing body detail	auspiced by an incorporated organisation. Please complete is below.		
ORGANISATION DETAI	LS		
Name of Organisation:			
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 h	nave an Australian Business Number (ABN)?		
Yes: (number)	No		
Is your organisation regi	stered 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 ADDRI	ESS DETAILS	
Postal Address:		
Street Address: (if different from above)		
Phone:		
Mobile:		
Email:		
Website/URL:		
ORGANISATION CONTACT DETAILS		
Name:		
Position/Role:		
Postal Address:		
Phone:		
Email:		

	hod of receiving communication from the City of Albany? grant approvals, and other correspondence)	
By Post	By Email	
If the applicant is an individual, or a non-incorporated group, please complete the following section.		
Auspicing organisation's name:		
Contact person:		
Postal Address:		
Phone:		
Email:		
Is the auspicing organisation	on 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:		
ALL APPLICANTS TO COMPLETE THE FOLLOWING:		
Is the applicant or auspicing organisation covered by public liability insurance?:		
Yes (please state level o	of cover and expiry date)	

EVENT DETAILS		
Event Title:		
Event 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)		
Event Start Date:		
Event End Date:		
What is the location where your event will take place?		
Which of the funding object (Applicants may tick more tha	ives does your project address: n 1)	
Have a positive impact Albany.	on the vibrancy, diversity of activity and liveability of	
Contribute positively to	the image and social connectivity of Albany.	
Enhancing community engagement and participation with events and promote social inclusion, diversity and community participation.		
Funding Requested: (excluding GST)		
Total Event Cost: (excluding GST)		

Please describe your event as follows and attach to your application. If you require more space, you can attach no more than a single A4 page.
(single sided, Arial 11 point font, single spaced)
What does your event aim to achieve?
Who is involved – communities, participants, stakeholders, population groups?
How does the event align with the identified funding priorities?
How do you propose to deliver your event? (consider - governance, resourcing, budget, operations, logistics, timeline?)

How will you determine if your event was a success?		
Which of the following ways are you able to acknowledge the City of Albany's support for the event? (Please tick all that are relevant)		
Acknowledgement of City of Albany support in advertising and media publicity		

City of Albany signage at the event

Verbal acknowledgement prior to and during the event

Formal invitations to City of Albany Mayor and/or Councillors to attend event 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 Event.

#### **BUDGET**

Outline the budget details of your event using the Income and Expenses tables below. All budget details must be completed using the tables below. Budgets submitted as separate items attached will not be assessed.

#### **INCOME**

Note 'In-Kind' contributions are goods, services, time, expertise, or other non-cash contributions which assist the development, delivery and/or evaluation of the event.

, , , , , , , , , , , , , , , , , , , ,	Amount \$ (excluding GST)
City of Albany contribution (This is your \$ request for funding from the City of Albany)	
Your contribution (This is your organisations \$ contribution to the event)	
	Sponsorship:
	Funding:
Other contributions (This is other \$ income streams for the event - sponsorship, funding, ticket sales, vendor fees, other)	Ticket sales:
	Vendor fees:
	Other income:
Total \$ of all contributions (Total of City of Albany contribution, your contribution and other contributions)	
Total of 'In Kind' contributions (Total \$ value of any In Kind support from you or other organisations to deliver the event - estimated \$ value)	

#### **EXPENSES**

Please outline your project's total expenses using the table below.

Item/s Description	Total item cost (excl GST)	\$ requested from CoA (excl GST)	\$ requested from others (excl GST)	\$ provided by applicant (excl GST)
Total				

Has your organisatio	n received f	unding from the City of Albany ir	the past five years?
Yes	No		
If yes, please provide	details		
Year		Purpose	Amount
APPLICANT DECL	ARATION		
•	n containe	I have been authorised to sub d herein or in the attachments	• •
Name:			
Signature:			
Position:			
Date:			
CHECKLIST			
Please ensure you	have:		
Read the application guidelines carefully			
Discussed your proposed event with the delegated Officer			
Confirmed you or your organisation meets the eligibility criteria			
Developed an event that aligns with at least one of the funding priorities			
Completed ALL sections of the Application Form (including project detail and budget)			
Attachments (	please spe	cify)	