

# COMMUNITY EVENTS GRANTS

APPLICATION FORM 2025 - 2026







# COMMUNITY EVENTS GRANT APPLICATION FORM 2025 - 2026

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

## KEY DATES

Project or Activity Delivered:	1 July – 30 December 2025
Applications Open:	17 March 2025
Applications Close:	28 April 2025
Grant Acquittals	Within six weeks of project completion

Subject to funding allocated the City may release a subsequent round of applications later in the year.

Before submitting an application for this grant, please ensure you have carefully read all details contained in the information pack. Community Events Grants will be competitive, so it is in your interests to ensure your application meets the eligibility criteria, addresses at least one of the funding priorities, and considers the application assessment process.

Applicants **MUST** also discuss their proposed project or activity with the nominated Contact Officer before submitting an application.

## KEY CONTACT

To discuss your project, or for other enquiries about Community Events Grants, please contact the City of Albany's Event Coordinator on (08) 6820 3035 or by email on [events@albany.wa.gov.au](mailto:events@albany.wa.gov.au)

## APPLICANT DETAILS

Before you start, please contact the Community Events 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 only):	<input type="checkbox"/> an organisation <input type="checkbox"/> individual

**Note:** individuals must be auspiced by an incorporated organisation.  
Please complete the auspicings body details below.

## ORGANISATION DETAILS

Name of Organisation:	
<b>Is your organisation incorporated?</b> (You may be required to supply a copy of your Certificate of Incorporation if your application is successful)  <input type="checkbox"/> Yes (date of incorporation)  <input type="checkbox"/> No (please complete the auspicings organisation details below)	
<b>Does your organisation have an Australian Business Number (ABN)?</b>  <input type="checkbox"/> Yes - Number: <input type="checkbox"/> No	
<b>Is your organisation registered for GST?</b>  <input type="checkbox"/> Yes: <input type="checkbox"/> 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:	
Street Address: (if different from above)	
Phone:	
Mobile:	
Email:	
Website/URL:	

## ORGANISATION CONTACT DETAILS

Name:	
Position/Role:	
Postal Address:	
Phone:	
Email:	

**What is your preferred method of receiving communication from the City of Albany?**  
(including conditions of grant, 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 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 of cover and expiry date:

☐ No

## 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 objectives does your project address:**

(Applicants may tick more than 1)

- ☐ Have a positive impact on the vibrancy, diversity of activity and liveability of Albany.
- ☐ 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)

**Estimated total number of visitors:** (E.g. ticketholders, spectators etc.)

**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)
<b>City of Albany contribution</b> (This is your \$ request for funding from the City of Albany)	
<b>Your contribution</b> (This is your organisations \$ contribution to the event)	
<b>Other contributions</b> (This is other \$ income streams for the event - sponsorship, funding, ticket sales, vendor fees, other)	Sponsorship:
	Funding:
	Ticket sales:
	Vendor fees:
	Other income:
<b>Total \$ of all contributions</b> (Total of City of Albany contribution, your contribution and other contributions)	
<b>Total of 'In Kind' contributions</b> (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)
<b>Total</b>				

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:	
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 an budget)
- ☐ Attachments (please specify)