



## 1. APPLICANT DETAILS

|                    |  |        |  |
|--------------------|--|--------|--|
| Organisation Name: |  |        |  |
| Postal Address:    |  |        |  |
| Contact Person:    |  |        |  |
| Phone No:          |  | Email: |  |

## 2. AUSPICING ORGANISATION DETAILS (IF APPLICABLE)

Only complete this section if you are in an auspice arrangement.

|                                |  |        |  |
|--------------------------------|--|--------|--|
| Auspicing Organisation's Name: |  |        |  |
| Contact Person:                |  |        |  |
| Postal Address:                |  |        |  |
| Phone No:                      |  | Email: |  |

## 3. ABN, TAX STATUS AND OTHER LEGAL

3.1 Does your organisation or auspicing body has an ABN? Yes No  
 ⓘ If Yes, please provide a copy.  
 If No, please complete a [Statement by Supplier Form](#).

3.2 Is your organisation or auspicing body registered for GST? Yes No

Is your organisation or auspicing body incorporated? Yes No

3.3 ⓘ If yes, please attach copy of your Certificate of Incorporation. If no, you may not be eligible to apply.

3.4 Does your organisation or auspicing body have Public Liability Insurance? Yes No

ⓘ If yes, please attach a copy of your Certificate of Currency for Public Liability.

3.5 Do you have previous experience delivering a grant funded project? Yes No

3.6 Has your organisation received grant funding from the Shire in the last two years? Yes No

3.7 Has your organisation acquit all Shire funding previously received? Yes No

N/A



## 4. ABOUT YOUR PROJECT

### 4.1. Grant Category

Please indicate which grant category you are applying for.

- Cultural Development Arts       Sports       Environment  
 Historical       Events       Sustainable Enterprise

### 4.2. Targeted Groups

Who are your main target groups?

- Children 0-11       Youth 12-25       Seniors 60+  
 General community       People with disabilities       Other (please specify)

### 4.3. Project Details

|  |       |                                    |               |
|--|-------|------------------------------------|---------------|
| <b>Project Name:</b>   |       |                                    |               |
| <b>Project Dates:</b>  | Start | Finish                             |               |
| <b>Total Cost of Project:</b>  | \$    | <b>Amount of funding requested</b> | \$            |
| If you do not receive the full amount requested, would you have capacity to meet the shortfall or able to deliver this project in some capacity? |       |                                    | Yes<br><br>NO |
| <small>ⓘ This may impact on the outcome of your application. Refer to the clause 8.4 of the grant Guidelines for more information.</small>       |       |                                    |               |
| <b>Will the project be carried out within the Shire of Denmark?</b>  |       | Yes                                | No            |
| <b>If no, please provide location details</b>  |       |                                    |               |



## 4.4. Project Description

Please provide a summary of your project outlining the key aims and what the funds will be used for. (150 words max)

## 4.5. Community Benefits

Please describe how your project will benefit the Community outlining the key outcomes. (500 words max)



## 4.6. Project Alignment

a) Describe how your project aligns with the Shire of Denmark Strategic Community Plan. (500 words max). *Please attach additional page if more space is required.*

Click here to view the Shire's [Strategic Community Plan](#)

b) Describe how your project aligns with the Shire of Denmark Sustainability Plan. (500 words max). *Please attach additional page if more space is required.*

Click here to view the Shire's [Sustainability Strategy](#)



## 5. BUDGET AND FINANCIALS

### 5.1. Income

Please list your project incomes in the table below, including details of other funding that you have applied for, whether confirmed or not and any in-kind contributions.

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

| INCOME  | Amount \$<br>(Excluding GST) |
|---|------------------------------|
| <b>Shire of Denmark Contribution</b><br>(This is the amount of grant requested from the Shire)  | \$                           |
| <b>Your Contribution</b><br>(This is your organisation's cash contribution to the project)  | \$                           |
| <b>Other contributions</b><br>(Please itemise your other \$ income streams for the project eg sponsorship, funding, ticket sales, vendor fees, etc) | \$                           |
| •   |                              |
| •   |                              |
| •   |                              |
| <b>Total Cash contributions</b>   | \$                           |
| <b>In Kind' contributions</b><br>(Total \$ value of any In Kind support from you or other organisations to deliver the event estimated \$ value)    | \$                           |



## 5.2. Expenditure

Please list your project's total expenses in the table below.

 Attach a copy of **quotes for items covered by this grant request** and a copy of your organisation's current financial statement for request over \$1,000.

### EXPENSE TRACKER

List your project's total expenses in the table below.

| <input checked="" type="checkbox"/> | Item/s Description                                  | Amount \$<br>(Excluding GST) |
|-------------------------------------|---|------------------------------|
|                                     | Please indicate items covered by the grant request. | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
|                                     |   | \$                           |
| <b>Total Expenditure</b>            |   | <b>\$</b>                    |



## 6. APPLICATION ATTACHMENTS

### 6.1. Section 3: ABN, Tax Status and Other Legal

- Statement by a Supplier Form
- Certificate of Incorporation
- Certificate Of Currency for Public Liability

### 6.2. Section 4: About Your Project

- Attach any evidence materials to support the need of your project. This can include but is not limited to:
  - Letter of Support
  - Newspaper Articles
  - Media Clips
  - Meeting Minutes
  - Project Plans
  - Community Surveys

### 6.3. Section 5: Budget and Financials

- Quote or cost estimation for each grant funded item.
- A Current Financial Statement to support request over \$1000.

**i Note** Files cannot be larger than 10MB. If you run out of space to upload attachments, zip your remaining attachments together and upload them as a zipped folder. Or otherwise email [enquiries@denmark.wa.gov.au](mailto:enquiries@denmark.wa.gov.au) or contact Rosie Arnephie on 9848 0333.

# 2024/25 GRANT APPLICATION FORM



## 7. DECLARATION

I hereby certify that:

- I am authorised to sign legal document on behalf of the organisation;
- I have read the guidelines relating to grants under this program and;
- To the best of my knowledge, the information provided in this form is true and correct and disclose a full and accurate account of income, expenditure and activities.

By submitting this application, I agree that:

- If my application is successful, I will acknowledge and ensure recognition of council funding as detailed in the grant program guidelines.
- At the completion of the project, I will provide an acquittal within 30 days.

|                      |  |             |  |
|----------------------|--|-------------|--|
| <b>Name</b>          |  |             |  |
| <b>Position Held</b> |  |             |  |
| <b>Signature</b>     |  | <b>Date</b> |  |