



Office Use Only

Organisation:
Project Title:
Date Received:

Shire of Lake Grace

Community Funding Request 2022/2023

Due Date: Friday 29 April 2022

Applicant Details

Before you start, you **must** contact our Community Services Officer on 9890 2500 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

Organisation Details

Name of Organisation:

Is your organisation incorporated?

Yes

No

Does your organisation have an Australian Business Number (ABN)?

Yes (ABN)

No

Is your organisation registered for GST?

Yes

No

Project Name

Project Summary:

(No more than 50 words. The information supplied here will be used by the Shire 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?

Which of the Shire Community Strategic Plan objectives does your project address

(Applicants may select multiple priorities? See guidelines for further detail on priorities)

Economic

Social

Environmental

Leadership

Project Partners:

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

Please describe your project in detail and attach to your application.

If you need more space, you can attach no more than single A4 page (single sided, Arial 11-point font, single spaced). Refer to page 4 of the Community Funding Request Guidelines for the assessment process.

What does your project aim to achieve?

How are you going to achieve this?

Outline how the project addresses a genuine community need.

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 Shire of Lake Grace's support for the project?

Please tick applicable option (s)

Acknowledgment of Shire of Lake Grace support in advertising and media publicity

Shire of Lake Grace signage while the project is occurring

Verbal acknowledgment during the project

Formal invitations to Shire of Lake Grace President and/or Councillors to attend project activities, official functions and hospitality opportunities

The President or Councillors to be invited to present the welcome or opening speech at the commencement and/or launch of the project

How will you make sure your event/project/activity is designed to incorporate disability access and inclusion principles?

Tick the box(s) with applicable statements about your project’s access and inclusion.

People with disability have the same opportunities as other people to access or take part in the project/event/service offered?

People with disability have the same opportunities as other people to access the buildings and other facilities associated with the project/event/service offered?

People with disability receive information about the project/event/service offered in a format that will enable them to access the information as readily as other people are able to access it?

People with disability have the same opportunities as other people to be a volunteer with your organization.

Project /Event 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 Shire of Lake Grace

Your \$ contribution

Other \$ contributions

In kind (estimated value \$)

Total Project Cost

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 the Shire (ex GST)	\$ requested from others (ex GST)	\$ provided by applicant (ex GST)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Costs	\$	\$	\$	\$

Has your organisation received funding from the Shire of Lake Grace in the past five years?

Yes No

If yes, please provide details:

Year	Purpose	Amount
		\$
		\$
		\$

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:

Discussed your proposed project with the Community Services Team

Confirmed you or your organisation meets the eligibility criteria

I have read and agree to the funding requirements/guidelines, have answered all questions and completed the budget as accurately as possible

I acknowledge that I am authorised to make this application on behalf of the organisation.

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 written quotes for major budget items

I acknowledge I may be required to supply further information prior to consideration of this application by the Shire of

Other attachments (please specify)

Community Funding Request Deadline: Friday 29 April, 2022 4pm

Note: Late applications will not be accepted (posted applications must be received by the above date).

The completed Application and attachments are to be sent to:

By email: Signed and scanned Applications to:

shire@lakegrace.wa.gov.au

By post:

Shire of Lake Grace

Shire Community Grants

PO Box 50

LAKE GRACE WA 6353

In person:

1 Bishop Street

LAKE GRACE WA