### Eligibility

\* indicates a required field

Welcome to the City of Swan's Grant and Sponsorship Program.

Before starting your application, please read the <u>Resource Guide and the Swan Community</u> <u>Grants Information Sheet</u> for eligibility and assessment criteria.

Please ensure you have discussed your application with the Community Grants Team prior to submission. If you haven't, please call (08) 9207 8693 or email <a href="mailto:communitygrants@swan.wa.gov.au">communitygrants@swan.wa.gov.au</a> as they are ready to help you.

Please allow 8-12 weeks for your application to be processed. Applications that are incomplete or received outside the minimum lead-time may not be processed in time.

### Confirmation of eligibility

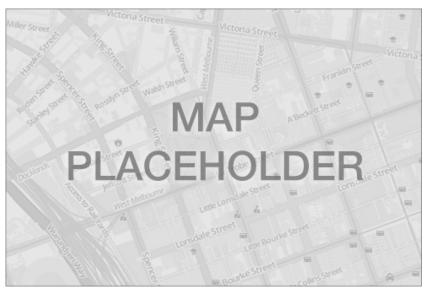
I nave read and understood Information Sheet *  Yes	the Resource Guide and	the Swan Community Grants
I have discussed this applie  ○ Yes	cation with the Communit	y Grants Team *
I have no outstanding debt ○ Yes	s with the City of Swan *	
I have acquitted all previou  O Yes	us funding from the City o	<b>f Swan *</b> ○ Not Applicable

#### I confirm that I:

- Hold a current Certificate of Currency for Public Liability Insurance of \$20 million (if applicable)
- Am not requesting funding for a project that promotes the advancement of a political or religious organisation or lobby group
- Am not requesting funding for a project that is part of or a duplication of a current Government service
- Am not requesting funding for costs already funded by another grant or sponsorship
- Am not requesting funding for recurrent or core operating costs
- Am not requesting funding for reimbursement of costs that have already been incurred
- Am not requesting support for Capital expenses
- Will not attempt to contact or lobby an Elected Member of the City of Swan regarding this or another organisation's application

#### All statements are true: \*

○ Yes			○ No
If you answered NO to any above eligibility questions you may not be eligible for a Swan Community Grant. Please contact the Community Grants Team on (08) 9207 8693 before proceeding with this application.			
Applica	ant Details		
* indicate	es a required field		
protection Act 1988	n under the Austra and amended by t our privacy statemo	lian Privacy Princi the Privacy Amend	spect and uphold your rights to privacy ples (APPs) as established under the Privacy diment (Enhancing Privacy Protection) Act 2012.  www.swan.wa.gov.au/General/Legal/Privacy-
○ Individ	at Name * ual ○ Or tion Name	ganisation	
Title	First Name	Last Name	
<b>Organisa</b> Title	ation Contact Pe First Name	<b>rson</b> Last Name	
This is the	person best placed	to discuss the proje	ct
Contact	Person Phone N	umber *	
Must be an	n Australian phone n	umber.	
Contact	Person Email *		
Must be an	n email address.		
<b>Applicar</b> Address	nt Primary Addre	ss *	



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

### Postal Address \* Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

### **Applicant ABN**

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register			
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More information		
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			

Must be an ABN.

### **Organisation Website**

Must be a URL.	
Does your organisation have a website?	
Please upload your organisation's Attach a file:	Certificate of Incorporation (If Incorporated)
Do you require an Auspice Organis	sation? *
O Yes Please read the Resource Guide for inform	○ No ation on Auspice
Auspice Details	
<b>Auspice Organisation</b> Organisation Name	
Auspice Organisation Contact Nan Title First Name Last Name	
Auspice ABN	
_	
The ABN provided will be used to look check that you have entered the ABN	up the following information. Click Lookup above to correctly.
Information from the Australian Business I	Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More	<u>information</u>
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
Auspice Primary Address	
Address	

Please upload a copy of Certific Attach a file:	cate of Incorporation of your Auspice Organisation
Auspice Primary Phone Number	r
Must be an Australian phone number.	
Auspice Primary Email	
Must be an email address.	
Auspice Primary Website	
Must be a URL.	
Please attach a letter from you arrangement) * Attach a file:	r Auspice Organisation (confirming the Auspice
About Us	
* indicates a required field	
What is the primary purpose of	your Organisation? *
Word count: Must be no more than 200 words.	
Has your Organisation changed name, if no leave blank.	I name since last funding? If yes include previous
<b>Are you an Aboriginal and Torro</b> O Yes	es Strait Islander Organisation?
Are you an Aboriginal and Torre	es Strait Islander owned business?
○ Yes	○ No
Project Information	

\* indicates a required field

Project Title *	
Project Start Date *	
Must be a date.	
Project End Date *	
Must be a date.	
	City of Swan managed venue including a park or
other facility? *  ○ Yes	○ No
<b>.</b>	
Project Address * Address	
Address Line 1, Suburb/Town, State/P	Province, Postcode, and Country are required.
Please provide a summary of	your project. *
Word count: Must be no more than 500 words.	
Place identify your Partners	and the key Stakeholders involved in your project. *
riease identity your raithers	and the key Stakeholders involved in your project.
Must be no more than 100 words. Stakeholders include any individuals,	groups, or organisations who have an interest in or influence
	ommunity members, local government officials, non-profit ant service providers. Partners refer to the specific organisations
	you in implementing the project. They may provide resources,
expertise, fullding, of other support to	o neip achieve project outcomes.
What is the expected project i	participation/attendance total? *
what is the expected project	participation/attenuance totals
Must be a number.	
How many volunteers will con	tribute to or be involved in your project? *
now many volunteers will coll	tribute to or be involved in your project:

Must be a number.
Please describe your Project's target audience. *
Word count:
Must be no more than 25 words. Example: CALD, Multicultural, People Living with Disability, Seniors, Young People, Children, Vulnerable Community etc.
Please provide information on how your project will ensure the activity is accessible and inclusive? *
Word count
Word count: Must be no more than 150 words. How will you ensure everyone is welcome with barriers to participation removed e.g. Multicultural needs, people living with disability, affordable activities etc.
Through this grant you will be required to acknowledge the City of Swan's support. How will you do this? *
Word count: Must be no more than 150 words. See Resource Guide - Describe the ways support received will be acknowledged.
Value Level of Grant
The Swan Community Grant is categorised into 4 levels of support, based on dollar value. The eligibility requirements and assessment criteria for each level can be found in Swan Community Grants Information Sheet.
What level are you applying for? *  ○ Level 1 - Up to \$500
<ul> <li>Level 1 - Op to \$500</li> <li>Level 2 - Between \$500 and \$1,500</li> <li>Level 3 - Between \$1,500 and \$5,000</li> <li>Level 4 - Between \$5,000 and \$20,000</li> </ul>
Please identify the primary Objectives from the City's Strategic Community Plan,
with which your project aligns.*  □ Actively support and develop thriving local □ Build social inclusion and connectivity in businesses and centres □ local places and areas □ Build a strong sense of community health, □ Sustainable and optimal use of City wellbeing and safety resources  At least 1 choice must be selected.
Please explain how your project supports these Objectives. *

Word count: Must be no more than 250 words.
Please provide a short summary of your Organisation's planning and capacity to deliver the proposed project. (Can it be achieved and how?) *
Word count: Must be no more than 250 words.
Please describe how your project outcomes will have a positive benefit to the local and broader community, both during and after it is completed? *
Word count: Must be no more than 500 words. Address community need and sustainability
Please explain how your project encourages community participation and capacity building? *
Word count: Must be no more than 200 words.
Project Outcomes
Please summarise in bullet points your projects key outcomes. *
How will you know if you have achieved your project outcomes. *
Word count: Must be no more than 250 words.
How do you plan to assess and measure the benefits and success of the project? *  □ Number of attendees □ Social media engagement □ Media publicity □ Number of participants □ Survey feedback □ Positive community impact □ Number of volunteers □ Media releases □ Other

Evaluation is required to provide details of the project impact in your acquittal. Surveys or questionnaires: Feedback from stakeholders, participants or beneficiaries; Quantitative data analysis: website traffic, attendance records; Qualitative interviews or focus groups: conduct interviews or organise focus groups to gather in-depth insights and stories from individuals affected by the project; Comparative analysis: compare data from before and after the project implementation to identify any changes or improvements;

### **Budget**

#### \* indicates a required field

Please provide a detailed project budget by completing the income and expenditure tables below and/or uploading your budget worksheet.

Include details of other funding that you have applied for, whether it has been confirmed or not.

It is encouraged that you have other sources of income, which could include your own Organisation's funds.

All amounts should be **GST exclusive**.

Provide clear descriptions for each budget item in the Income and Expenditure columns, e.g. equipment hire, marketing, venue, catering, consumables etc.

### Budget

Expenditure Item	\$ amount of item	Income Source	\$ amount of item	Quotes for items over \$1000
		Income source for this expenditure item. e.g. City of Swan, Applicant or Partner contributior		
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

### **Budget Totals**

Total Expenditure Amount	Total Income Amount	Income - Expenditure	
\$	\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. This needs to balance zero.	

Please attach your budget worksheet (optional) Attach a file:

Confirm the amount you requesting from	the City of Swan? *
\$ Must be a dollar amount.	
Please list which items the City of Swan 1	iunding will be specifically used for
riease list willcli items the city of Swall i	unding will be specifically used for.
Wandaaan	
Word count: Must be no more than 100 words. Equipment hire, marketing, first aid, entertainment	
In-Kind Contributions	
Please identify the estimated dollar value of your ln-kind support refers to any non-cash project donated materials or volunteer time from your volunteer project lead working 14hrs x \$30hrs	contributions such as free venue hire, s or partner Organisations. For example: One
In-kind Contribution	\$
	\$ \$
	\$
	\$
In-Kind Contributions Totals	
Total In-Kind Income Amount	
\$ This number/amount is calculated.	
Supporting Documentation	
* indicates a required field	
ALL APPLICANTS Please attach copy of your Certificate of Currency * Attach a file:	our organisation's Public Liability
Public Liability Insurance coverage up to \$20 million	1
<b>Does your project include child-related w</b> ○ Yes	ork? *  O No
If so please upload copies of WWC card	

Attach a file:	
(Level 4 funding) Please attach your mo Attach a file:	st recent audited financial statement
(Level 4 funding) Please attach your Promanagement strategy (relative to the since Attach a file:	• • •
(Level 4 funding) Please attach your late Attach a file:	est audited annual report
Would you like to share additional informatters of support, plans, reports etc. Attach a file:	mation to support your application? e.g.
A maximum of 5 files may be attached	

Have you read the Public Events Guidelines and completed the application? See the City of Swan <u>Organising a Public Event webpage</u>.

Filling out this application does not ensure the booking of any City of Swan venues or Public Event Approval, please complete your booking/event request before submitting this application.

#### Declaration

\* indicates a required field

This application must be made by an authorised person on behalf of the Applicant Organisation.

I certify that the statements made below and within this application are true and correct, and I understand that we are required to use the funding for the budget items indicated. I further understand and accept that by submitting this application I:

- Will be required to provide evidence of the project's acknowledgement of the City's support, e.g. Screenshots of social media posts, announcements, newsletters with appropriate use of the City's logo.
- Understand any changes to a successful grant require prior approval from the City by contacting the Community Grants Team on 9207 8693 or <a href="mailto:communitygrants@swan.wa.gov.au">communitygrants@swan.wa.gov.au</a>.

- Will need to provide a full acquittal which provides full evidence of project expenditure and the projects achievements within three months of the projects end date. This acquittal will need to include copies of receipts.
- Will be responsible for consequences of non-acquittal as outlined in the Resource Guide.
- Give permission to the City of Swan to contact any persons or Organisations in the assessment or review of this application and understand that information may be provided to other agencies as appropriate.
- Give permission to the City of Swan to use Organisation and Project details and/or imagery for listing on a Public Reporting Platform (only non confidential under Privacy Act 1988)

l agree *  ○ Yes			○ No
	<b>authorised per</b> First Name		
Position	*		
Phone N	umber *		
Must be an	Australian phone	number.	
Email *	email address		

#### **Good News Stories**

The City would love to run a story about your experience on our Website and or our Social Media pages. We would love to hear about your experiences so please send in photo's and a short story about your experience to <a href="mailto:communitygrants@swan.wa.gov.au">communitygrants@swan.wa.gov.au</a>.