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Eligibility

* indicates a required field

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

Before starting your application, please read the **Ellenbrook Community Development Project** grants guidelines, for eligibility and assessment criteria.

Applicants **must** contact the City's Ellenbrook Community Development team prior to making an application to discuss how the project aligns with the key objectives. Please email **CDEllenbrook@swan.wa.gov.au** or call **0447 827 388** or **0407 520 228** to reach a member of the team.

The Ellenbrook Community Fund is open all year round, so applications can be made at any time. Applications are assessed by the Ellenbrook Community Advisory Group which meets bi-monthly. Applicants should be aware of, and read, the application process and assessment timelines section of the guidelines when planning their project.

Confirmation of eligibility

Development Projects Grants Guidelines BEFORE YOU BEGIN' Page * Yes				
I have discussed team * ○ Yes	this application with the	e Ellenbrook Community Development		
I have outstandin ○ No	ng debts with the City of	f Swan or with Satterley * O Yes		
I have acquitted a ○ Yes	all previous funding from	m the City of Swan * O Not Applicable		

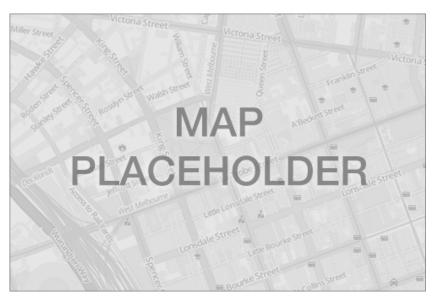
I confirm that I:

- 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 above \$5,000 (or 50% of overall project)
- Will not attempt to contact or lobby an Elected Member of the City of Swan regarding this or another organisation's application

All state ○ Yes	ements are true a	and correct to th	ne best of my knowledge: * O No
Applic	ant Details		
* indicate	es a required field		
protectio Act 1988	n under the Austra and amended by our privacy statem	ilian Privacy Princi the Privacy Amen	espect and uphold your rights to privacy iples (APPs) as established under the Privacy dment (Enhancing Privacy Protection) Act 2012.
Individ	nt Name * lual Or tion Name	ganisation	
Title	First Name	Last Name	
Contact Title	Person First Name	Last Name	
This is the	person best placed	to discuss the proje	ct
	Person Phone N		
	Person Email *	umber.	
	n email address.		
Postal A	address *		

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

If the Applicant is an organisation, w ○ Incorporated Association	on, what is the organisation's legal status? Other:		
Do you require an Auspice Organisat O Yes Please read the Resource Guide for information	○ No		
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 Bus	iness 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.

Is	the organisation registered for GST?		
0	Yes	0	No

Have you previously received funding fr	
○ Yes	○ No
If yes, when?	
Must be a date.	
How much was received?	
\$	
Must be a dollar amount.	
What was the project?	
Has the grant been fully acquitted?	
○ Yes	○ No
Auspice Details	
Auspice Organisation	
Organisation Name	
Auspice Organisation Contact Name	
Title First Name Last Name	
Auspice ABN	
Auspice Adia	
The ABN provided will be used to look up the	following information. Click Lookup above to
check that you have entered the ABN correct	•
Information from the Australian Business Register	r
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More inform	<u>ation</u>
ACNC Registration	
Tax Concessions	
Main business location	

Auspice Primary Address	
Address	
Please upload a copy of Certificate of In Attach a file:	corporation of your Auspice Organisation
Auspice Primary Phone Number	
Must be an Australian phone number.	
Auspice Primary Email	
Must be an email address.	
Please attach a letter from your Auspice arrangement) * Attach a file:	e Organisation (confirming the Auspice
Treatment of the control of the cont	
About your project	
* indicates a required field	
Project Information	
Project/ program name *	
Word count: Must be no more than 10 words.	
Project/program description (i.e. what a	re you going to do?) *
Word count: Must be no more than 500 words.	
Project Start Date *	
Must be a date and between 1/1/2024 and 31/12/	2024.
Project End Date *	

Must be a date and between 31/12/2023 and	31/12/2024.
How many participants do you expe	ect to attend your project/program?
Must be a number and at least 5.	
event, even if they are unable to at	ommunity do you think would benefit from your tend/participate in person?
Must be a number.	
Will your project be held at a City of other facility? *	f Swan managed venue including a park or
○ Yes	○ No
Project Address * Address	
Address Line 1, Suburb/Town, State/Province	e, Postcode, and Country are required.
Project overview and planning	
Please identify the primary objective	ves of the Fund, with which your project aligns.
 □ Positively contribute to the health an wellbeing of the Ellenbrook Community. □ Increased awareness and appreciation diversity within the community. 	safety within the community.
At least 1 choice must be selected.	
Describe how your project aligns wi	ith the selected objectives of the Fund
Describe the benefits of your project those in the greater area (if applica	ct for Ellenbrook community members, and able)
Describe three changes you will see of the project are achieved	e in the community if the expected outcomes

How will you manage the project and the funding, and how will this be sustainable into the future?				
Consider your planning, capacity, partnerships and community involvement. What then happens a the funding and project is finished?	fter			
How do you plan to assess and measure the benefits and success of the project Number of attendees	ect;			
How will you acknowledge the support received from the City of Swan and Satterley?				
Examples of this could be: verbal announcements, use of logos, advertising, signage, newsletters	etc.			
Budget				
* indicates a required field				
Please provide a detailed project budget by completing the income and expenditure table below and/or uploading your budget worksheet (Excluding GST).	es			
Include details of other funding that you have applied for, whether it has been confirmed not.	l or			
It is encouraged that you have other sources of income, which could include your own organisation's funds.				
Provide clear descriptions for each budget item in the Income and Expenditure columns, equipment hire, marketing, venue, catering, consumables etc.	e.g.			
Please ensure that total expenditure and income amounts are equal.				
Ensure that any volunteer hours and in-kind contributions are factored into the In-kind budget.				
Budget				
Expenditure \$ amount of Income \$ amount of Quotes for Item item items over \$1000				

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\$	\$	
\$	\$	
\$	\$	

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.	

In-Kind Contributions

Please identify the estimated dollar value of your Organisation's in-kind project support. In-kind support refers to any non-cash project contributions such as free venue hire, donated materials or volunteer time from yours or partner Organisations. For example: One volunteer project lead working 14hrs x \$30hrs equals an in-kind value of \$420.00

In-kind Contribution	\$ New Question
	Must be a number.
	\$
	\$
	\$
	\$

Total In-Kind Income Amount

Please attach your budget worksheet (optional)

Attach a file:

Total In-Kind Income Amount \$ This number/amount is calculated.
Total Amount Requested from this grant *
\$
Must be a dollar amount. What is the total financial support you are requesting in this application?
Which specific budget items will the funding being requested from the Ellenbrook Community Fund be used for? *
Word count: Must be no more than 100 words. Expenditure as per above and as per quotes provided. e.g. equipment hire, marketing, first aid, entertainment.

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Supporting Documentation

* indicates a required field

ALL APPLICANTS Please attach copy of y Certificate of Currency * Attach a file:	our organisation's Public Liability
Public Liability Insurance coverage up to \$20 million	on
Please upload your organisation's Certif Attach a file:	icate of Incorporation (If Incorporated)
Does your project include child-related v ○ Yes	work? * O No
If so please upload copies of WWC card Attach a file:	
Would you like to share additional information letters of support, plans, reports etc. Attach a file:	mation to support your application? e.g.
A maximum of 5 files may be attached. Letters of support from political groups or City of S	Swan Councillors will NOT be considered

Thank you for your application

* indicates a required field

Conditions

If your application is successful the following undertakings and agreements will apply to your grant and will form the basis of your contract (Grant Agreement) with the City of Swan, through the Ellenbrook Community Advisory Group (ACAG).

- You will be required to sign the declaration with the ECAG in order to access the grant
- Once your event is complete, you will need to provide a full acquittal which outlines the event's achievements measured against the objectives, within 90 days (three months) of its completion. This acquittal will need to include copies of receipts, photos or other evidence of the event and copies of promotional material etc
- Funding is provided on a one-off basis and the ECAG makes no commitment to future funding. Applications will only be considered if all previous ECAG and City of Swan funding has been fully acquitted

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require applica	d to fulfil these		conditions and understand that I was that I was that I am authorised to submit t	
○ Yes			○ No	
Name o Title	of authorised pe First Name	erson * Last Name		
Positio	n *			

Contact us

All applications should be submitted online for any enquiries please contact the Ellenbrook Community Development team via email CDEllenbrook@swan.wa.gov.au or call **0447 827 388** or **0407 520 228**.

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 photos and a short story about your experience to communitygrants@swan.wa.gov.au.