Eligibility

* indicates a required field

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

Before starting your application, please read the **Aveley 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 Aveley Community Fund is open all year round, so applications can be made at any time. Applications are assessed by the Aveley Community Advisory Group which meets bimonthly. Applicants should be aware of, and read, the application process and assessment timelines section of the guidelines when planning their project.

I have read and understood the Aveley Community Fund - Community

Confirmation of eligibility

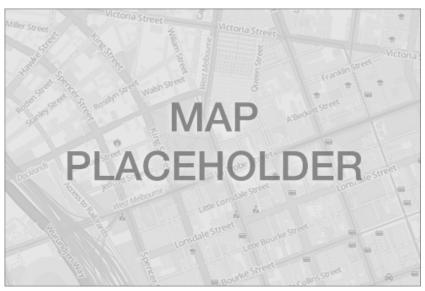
Development Projects Grant Yes	,	•
I have discussed this applicated team * O Yes	tion with the Ellenbrook C	ommunity Development
l have outstanding debts wit	th the City of Swan or Stoc	kland Development Pty Ltd
○ No	○ Yes	
I have acquitted all previous O Yes	funding from the City of S No	Swan * O Not 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 through 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 above 50% of the requested funds)
- 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 ○ Yes	e true and correct to t	he best of my knowledge: * O No
Applicant Deta	ails	
* indicates a require	ed field	
protection under the Act 1988 and amen	e Australian Privacy Princ ded by the Privacy Amen	espect and uphold your rights to privacy iples (APPs) as established under the Privacy dment (Enhancing Privacy Protection) Act 2012. www.swan.wa.gov.au/General/Legal/Privacy-
Applicant Name * ○ Individual Organisation Name	Organisation	
Title First Nam	ie Last Name	
Contact Person Title First Nam	ne Last Name	
This is the person bes	t placed to discuss the proje	ect
Contact Person P	hone Number *	
Must be an Australian	nhone number	
Contact Person E	maii *	
Must be an email add	ress.	
Postal Address * Address		



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

If the Applicant is an organisation Incorporated Association	on, what is the organisation's legal stat Other:	us?
Do you require an Auspice Orga O Yes	○ No	
Please read the Resource Guide for information Applicant ABN	rmation on Auspice	

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 Busi	ness 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 f ○ Yes	
) res	○ 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	
Adspice Details	
Auspice Organisation Organisation Name	
Organisation Name	
Auspice Organisation Contact Name Title First Name Last Name	
Auspice ABN	
The ARN provided will be used to look up th	e following information. Click Lookup above to
check that you have entered the ABN correct	
Information from the Australian Business Regist	er
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More inform	<u>nation</u>
ACNC Registration	
Tax Concessions	
Main husiness location	

Must be an ABN.

Auspice Primary Address Address	
Please upload a copy of Certificate of Incor Attach a file:	poration 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 O arrangement) * Attach a file:	rganisation (confirming the Auspice
receden a me.	
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 are	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 31/12/202	4.
Project End Date *	

Must be a date and between 31/12/2023 and 3	1/12/2024.
How many participants do you expect	to attend your project/program?
Must be a number and at least 5.	
How many members of the wider comevent, even if they are unable to atte	munity do you think would benefit from your nd/participate in person?
Must be a number.	
Will your project be held at a City of S other facility? *	Swan managed venue including a park or
○ Yes	○ No
Project Address * Address	
Address Line 1, Suburb/Town, State/Province, P	Postcode, and Country are required.
Project overview and planning	
Please identify the primary objectives	of the Fund, with which your project aligns.
 □ Positively contribute to the health and wellbeing of the Aveley Community. □ Increased awareness and appreciation diversity within the community. 	 ☐ Improved feelings of connectedness and safety within the community. of ☐ Increase the number and variety of recreational, cultural and social opportunities within the Aveley Community.
At least 1 choice must be selected.	within the Aveley community.
Describe how your project aligns with	the selected objectives of the Fund
Describe the benefits of your project in the greater area (if applicable)	for Aveley community members, and those
Describe three changes you will see in of the project are achieved	n the community if the expected outcomes

How will you ma	anage the projec o the future?	t and the funding	g, and how will t	this be
Consider your plans the funding and pro		erships and communi	ty involvement. Wh	at then happens after
□ Number of atte □ Number of par □ Number of voluments o	endees	ocial media engage urvey feedback edia releases of the project impac ders, participants or litative interviews or n insights and stories	ment	Surveys or titative data analysis:
	knowledge the s lopment Pty Ltd?		from the City of	Swan and
Examples of this co	uld be: verbal annou	ncements, use of log	os, advertising, sigr	nage, newsletters etc.
Budget				
* indicates a requ	ired field			
	detailed project bu ading your budget			expenditure tables
Include details of not.	other funding that	you have applied t	for, whether it has	been confirmed or
It is encouraged to organisation's fur	hat you have other nds.	r sources of income	e, which could incl	ude your own
	criptions for each b narketing, venue, c			nditure columns, e.g.
Please ensure tha	nt total expenditure	e and income amou	ınts are equal.	
Ensure that any v budget.	olunteer hours and	d in-kind contribution	ons are factored ir	nto the In-kind
Budget				
Expenditure Item	\$ amount of item	Income	\$ amount of item	Quotes for items over \$1000

\$ \$	\$
\$ 4	\$
\$ \$	\$

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 $14 \text{hrs} \times 30 \text{hrs}$ equals an in-kind value of 420.00

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

Total In-Kind Income Amount

Total	In-Kind	Income	Amount
\$			

This number/amount is calculated.

Attach a file:

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 Aveley 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.
Please attach your budget worksheet (optional)

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 Registration Attach a file:	icate of Incorporation or Business
Does your project include child-related v ○ Yes	vork? * ○ No
If so please upload copies of WWC card Attach a file:	
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. 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 Aveley Community Advisory Group (ACAG).

- You will be required to sign the declaration with the ACAG 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 ACAG makes no commitment to future funding. Applications will only be considered if all previous ACAG and City of Swan funding has been fully acquitted

Declaration

require	-		conditions and understand that I y that I am authorised to submit	
○ Yes			○ No	
Name Title	of authorised po First Name	erson * Last Name		
Positio	on *			

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.