

# Swan Proactive Grant 2024/25

## Form Preview

### SWAN PROACTIVE 2024-2025

\* indicates a required field

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

Before starting your application, please read the [Resource Guide and the Swan Proactive Grants Information Sheet](#) 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 [communitygrants@swan.wa.gov.au](mailto:communitygrants@swan.wa.gov.au), as they are ready to help you.

Please allow at least 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.

This Proactive Grant opportunity strives to support innovative community-led initiatives, targeting identified strategic Focus Areas, with flexibility (e.g. capital inclusions) from Applications to address current individual and/or community needs. The Swan Proactive Grants Focus Areas informed by current strategic documents include:

- 1.Community Health and Wellbeing
- 2.Homelessness
- 3.Community Safety
- 4.Sustainable Environment

Alongside targeting the Objectives of the Strategic Community Plan, please ensure your project addresses one or more of the above Focus Areas. Contact the Community Grants Team for more information.

### Confirmation of eligibility

**I have read and understood the Resource Guide and the Swan Proactive Grants Information Sheet \***

☐ Yes

**I have discussed this application with the Community Grants Team \***

☐ Yes

**I have no outstanding debts with the City of Swan \***

☐ Yes

☐ No

**I have acquitted all previous funding from the City of Swan \***

☐ Yes

☐ No

☐ Not Applicable

**I confirm that I:**

- Hold a current Certificate of Currency for Public Liability Insurance of \$20 million (if applicable)

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- 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
- 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 Proactive Grant. Please contact the Community Grants Team on (08) 9207 8693 before proceeding with this application.

## Applicant Details

\* indicates a required field

Privacy Notice The City of Swan pledges to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. To view our privacy statement, go to <https://www.swan.wa.gov.au/General/Legal/Privacy-Statement>.

### Applicant Name \*

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Organisation Contact Person

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person best placed to discuss the project

### Contact Person Phone Number \*

Must be an Australian phone number.

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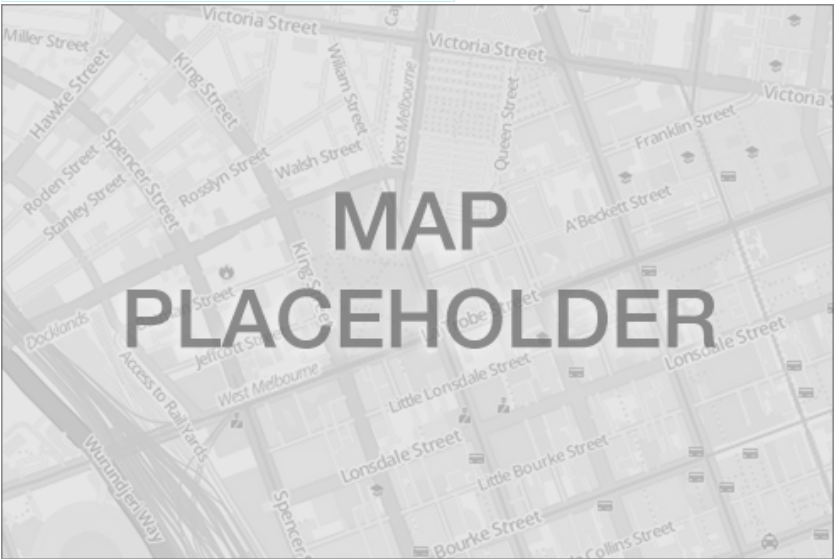
## Form Preview

**Contact Person Email \***

Must be an email address.

**Applicant Primary Address \***

Address



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	

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ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

### Organisation Website

Must be a URL.

Does your organisation have a website?

### Please upload your organisation's Certificate of Incorporation (If Incorporated)

Attach a file:

### Do you require an Auspice Organisation? \*

☐ Yes

☐ No

Please read the Resource Guide for information on Auspice

## Auspice Details

### Auspice Organisation

Organisation Name

### Auspice Organisation Contact Name

Title

First Name

Last Name

### Auspice 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

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Main business location

Must be an ABN.

### Auspice Primary Address

Address

### Please upload a copy of Certificate of Incorporation of your Auspice Organisation

Attach a file:

### Auspice Primary Phone Number

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 Auspice Organisation. (confirming the Auspice arrangement) \*

Attach a file:

## 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 since last funding? If yes include previous name, if no leave blank.

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**Are you an Aboriginal and Torres Strait Islander Organisation?**

☐ Yes

☐ No

**Are you an Aboriginal and Torres 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.

**Will your project be held at a City of Swan managed venue including a park or other facility? \***

☐ Yes

☐ No

**Project Address \***

Address

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

**Please provide a summary of your project, including its address of your selected Focus Area. \***

Word count:

Must be no more than 500 words.

**Please identify your project Partners and the key Stakeholders involved in your project. \***

Must be no more than 100 words.

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Stakeholders include any individuals, groups, or organisations who have an interest in or influence over the project. They may include community members, local government officials, non-profit organisations, businesses, and relevant service providers. Partners refer to the specific organisations or entities that are collaborating with you in implementing the project. They may provide resources, expertise, funding, or other support to help achieve project outcomes.

### 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.

### What is the expected project participation total? \*

Must be a number.

### How many volunteers will contribute to or be involved in your project? \*

Must be a number.

### Please provide information on how your project will ensure the activities are accessible and inclusive. \*

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. See the Accessible Events Checklist on the City's Grants and Sponsorship webpage.

### 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 Proactive Grants are categorised into 4 levels of support, based on dollar value. The eligibility requirements and assessment criteria for each level can be found in Swan Proactive Grants Information Sheet.

### What level are you applying for? \*

- ☐ Level 2 - Between \$500 and \$1,500
- ☐ Level 3 - Between \$1,500 and \$5,000
- ☐ Level 4 - Between \$5,000 and \$25,000

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**Please identify the primary Objectives from the City's Strategic Community Plan, your project aligns to. \***

- |   |  |
|---|--|
| <input type="checkbox"/> Actively support and develop thriving local businesses and centres | <input type="checkbox"/> Build social inclusion and connectivity in local places and areas |
| <input type="checkbox"/> Build a strong sense of community health, wellbeing and safety     | <input type="checkbox"/> Sustainable and optimal use of City resources                     |

At least 1 choice must be selected.

**Please explain how your project will support 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 contribution		
	\$		\$	

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

### Budget Totals

**Total Expenditure Amount**

\$

This number/amount is calculated.

**Total Income Amount**

\$

This number/amount is calculated.

**Income - Expenditure**

\$

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 funding will be specifically used for.**

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 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**

\$

	\$
	\$
	\$
	\$

### 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 organisation's Public Liability Certificate of Currency. \***

Attach a file:

Public Liability Insurance coverage up to \$20 million

**Does your project include child-related work? \***

☐ Yes

☐ No

**If so please upload copies of WWC card.**

Attach a file:

**(Level 4 funding) Please attach your most recent audited financial statement.**

Attach a file:

**(Level 4 funding) Please attach your project management plan including risk management strategy. (relative to the size and nature of the project)**

Attach a file:

**(Level 4 funding) Please attach your latest audited annual report.**

Attach a file:

**Would you like to share additional information to support your application? e.g. letters of support, plans, reports etc.**

Attach a file:

A maximum of 5 files may be attached.

**Have you read the Public Events Guidelines and completed the application? See the City of Swan [Organising a Public Event webpage](#).**

**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

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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 [communitygrants@swan.wa.gov.au](mailto:communitygrants@swan.wa.gov.au).
- 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)

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title      First Name      Last Name

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**Position \***

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**Phone Number \***

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Must be an Australian phone number.

**Email \***

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Must be an email address.

**Good News Stories**

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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 [communitygrants@swan.wa.gov.au](mailto:communitygrants@swan.wa.gov.au).