SWAN ACTIVATION GRANT 2024-2025

* 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 Activation</u> 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 Community Grants communitygrants@swan.wa.gov.au, as they are ready to help you.

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

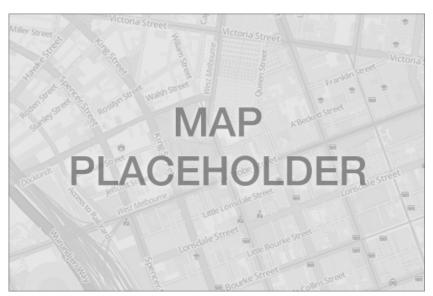
Confirmation of eligibility

| I nave read at Information S Yes | nd understood the Resource Gui heet * | ide and the Swan Activation |
|--|--|------------------------------------|
| I have discuss ○ Yes | sed this application with the Co | mmunity Grants Team * |
| I have no outs ○ Yes | standing debts with the City of S | |
| I have acquitt ○ Yes | ted all previous funding from the | e 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
- Am not requesting funding for ticketed Activations only
- 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: * | - M |
|--|--|---|
| ○ Yes | | ○ No |
| Activation Grant | | uestions you may not be eligible for a Swan ity Grants Team on (08) 9207 8693 before |
| Applicant D | etails | |
| * indicates a req | quired field | |
| Privacy Notic | ce | |
| Australian Privacy A | cy Principles (APPs) as establis mendment (Enhancing Privac | old your rights to privacy protection under the shed under the Privacy Act 1988 and amender by Protection) Act 2012. To view our privacy I/General/Legal/Privacy-Statement. |
| Applicant Nam ○ Individual Organisation Na | \bigcirc Organisation | |
| Title First N | Name Last Name | |
| | | |
| Applicant Proj e First Name | ect Contact Person Last Name | |
| This is the person | best placed to discuss the project | t |
| Contact Person | n Phone Number * | |
| Must be an Austra | alian phone number. | |
| Contact Person | n Email * | |
| Must be an email | address. | |
| Applicant Prim Address | nary 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 | | |
| ATO Charity Type | More information | |
| ACNC Registration | | |
| Tax Concessions | | |
| Main business location | | |
| Much les aux ADNI | | |

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? * O Yes O 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 <u>More information</u> |
| ACNC Registration |
| Tax Concessions |
| 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. |
| |
| 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

| Activation Title * | | |
|---|---|----------|
| | | |
| Start Date * | | |
| | | |
| Must be a date. Note: Please allow for up to eight wee | eks to be notified of the outcpme of your application. | |
| End Date * | | |
| | | |
| Must be a date. If your event runs over multiple dates | s, please enterdate of the final event. | |
| If the Activation planned is ar | n event, please advise the start time and end time | e |
| | | |
| This is the time the event opens and | closes to the public | |
| Will the Activation be delivere | ed at a City of Swan managed venue including a p | ark |
| or other facility? * | | |
| ○ Yes | ○ No | |
| Activation Address * | | |
| Address | | |
| | | |
| Address Line 1 Suburb/Town State/ | Province Postcode and Country are required | |
| Address Line 1, Suburb/Town, State/F | Province, Postcode, and Country are required. | |
| Please provide a summary of | your Activation. * | |
| | | |
| | | |
| Word count: Must be no more than 500 words. | | |
| What is the activiation initiative and | what will it achieve? | |
| Please identify any Partners | and the key Stakeholders involved. * | |
| riease identity any raithers a | ind the key stakeholders involved. | |
| | | |
| Must be no more than 100 words. | groups or organizations who have an interest in an influence | |
| | groups, or organisations who have an interest in or influence | |

What is the expected participation/attendance total? *

expertise, funding, or other support to help achieve project outcomes.

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,

| Must be a whole number (no decimal place). |
|---|
| How many volunteers will contribute to or be involved in your Activation? * |
| |
| Must be a whole number (no decimal place). |
| How often will this Activation be delivered? |
| |
| Please describe your Activation 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 Activation will be 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 Grant 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 |

Swan Activation has 2 levels of support, based on the project's dollar value. The eligibility requirements and assessment criteria for each level can be found in Swan Activation Information Sheet.

What level are you applying for? *

- Level 1 Up to \$500
- O Level 2 Between \$500 and \$5,000

Level 1 - Small and Local; Level 2 - Community Activations

Please identify the primary Objectives from the City's Strategic Community Plan, with which your Activation 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 Activation 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 Activation (Can it be achieved and how?) * |
| Word count: Must be no more than 250 words. |
| Please describe how your Activation outcomes will have a positive benefit to the local and broader community. * |
| Word count: |
| Must be no more than 500 words. Address community need and sustainability |
| Please explain how your Activation encourages community participation and capacity building? * |
| |
| Word count: Must be no more than 200 words. |
| Project Outcomes |
| Please summarise in bullet points your Activation's 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 engagemen | |
| □ Number of participants | ☐ Survey feedback | |
| □ Number of volunteers | ☐ Media releases | □ Other |
| Evaluation is required to provide a questionnaires: Feedback from sta | | our acquittal. Surveys or ficiaries; Quantitative data analysis: |
| website traffic, attendance record | ls; Qualitative interviews or focu | s groups: conduct interviews or |
| | | n individuals affected by the project; oject implementation to identify any |
| changes or improvements; | ata from before and after the pro | oject implementation to identity any |
| | | |
| | | |

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. Swan, Applicant or Partner contribution | r | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |

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. |
| | | This fields to balance Zero. |
| | | |
| Please attach your budge | et worksheet (optional) | |
| Attach a file: | | |
| | | |
| | | |
| Confirm the amount you | requesting from the City | of Swan? * |
| \$ | requesting from the City | of Swall? |
| Must be a dollar amount. | | |
| | | |
| Please list which items t | he City of Swan funding w | will be specifically used for. |
| | | |
| | | |
| Word count: | | |
| Must be no more than 100 wor | | |
| Equipment hire, marketing, firs | st aid, entertainment | |
| In-Kind Contributions | | |
| III Killa Collelloacions | | |
| Please identify the estimate | d dollar value of your Orgar | nisation's in-kind project support. |
| | | ions such as free venue hire, |
| donated materials or volunt volunteer project lead work | | ner Organisations. For example: One |
| volunteer project lead work | ilig 14ilis X \$30ilis equals a | II III-KIIId Valde OI \$420.00 |
| In-kind Contribution | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| In-Kind Contributions | Totals | |
| III KIIIG CONGIDUCIONS | i ocais | |

Supporting Documentation

Total In-Kind Income Amount

This number/amount is calculated.

* 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 |
| Does your project include child-related v | work? * |
| ○ Yes | ○ No |
| If so please upload copies of WWC card | |
| Attach a file: | |
| | |
| Please attach your project management (relative to the size and nature of the properties) Attach a file: | plan including risk management strategy oject) |
| | |
| | |
| 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 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

* 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 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)

| l agree * O Yes | k | | ○ No |
|--|---|--|------|
| Name of authorised person * Title First Name Last Name | | | |
| | | | |
| Position * | | | |
| | | | |
| Phone Number * | | | |
| Must be an Australian phone number. | | | |
| Email * | | | |
| | | | |
| Must be an 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 communitygrants@swan.wa.gov.au.