Form Preview

#### **VALUE IN KIND 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 Value-in-</u> Kind 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 <a href="mailto:communitygrants@swan.wa.gov.au">communitygrants@swan.wa.gov.au</a>, 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 confirm that I:

this application.

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

All Statements above are ○ Yes	true and correct *  O No	
I have read and understo Information Sheet * Yes	od the Resource Guide and the Swan Value-in-Ki	nd
I have discussed this app ○ Yes	lication with the Community Grants Team *	
I am an individual resider delivered within the City	nt of the City of Swan and or my initiative will be of Swan	
○ Yes	○ No	
_	ots with the City of Swan *	
○ Yes	○ No	
	e eligibility questions you may not be eligible for a Swan Val	

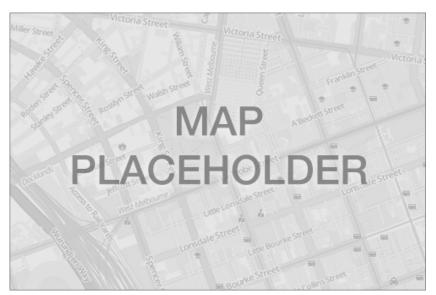
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#### **Privacy Notice**

Applicant details

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 <a href="https://www.swan.wa.gov.au/General/Legal/Privacy-Statement">https://www.swan.wa.gov.au/General/Legal/Privacy-Statement</a>

Applicant Name *  ○ Individual  Organisation Name		<ul><li>○ Organisation</li></ul>		
Title	First Name		Last N	ame
	t Project C			
First Nam	е	Last	Name	
Contact	Person Pho	ne N	umber	*
Must be an Australian phone number.				
Contact Person Email *				
Contact	Person Eme	<b>311</b>		
Must be ar	email addres	SS.		
	. cirian adares	, , ,		
<b>Organisa</b> Address	ation Addre	SS *		



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

#### **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			

<b>Are you incorporated, if yes plea</b> Attach a file:	se attach copy of certificate
<b>Do you require Auspice? *</b> O Yes	○ No
Auspicing (only for un-incorp	poarted groups)

**Auspice**○ Individual
○ Organisation

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Must be an email address.

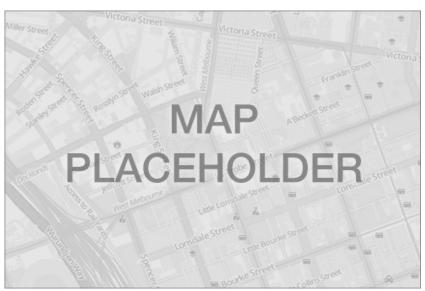
Organisa	ation Name			
Title	First Name	Last Name		
Auspice	Primary Contact	Person		
Please inc	clude full name. This	s the person best p	laced to discuss the appli	cation and project
Auspice	: ABN			
	provided will be us at you have entere		following information. ly.	Click Lookup above to
	ion from the Australia	n Business Registe		
ABN				
Entity na ABN stat				
Entity typ				
	Services Tax (GST)			
DGR End				
ATO Cha	rity Type	More inform	<u>ation</u>	
	gistration			
Tax Cond	cessions			
Main bus	iness location			
Must be a	n ABN.			
<b>Auspice</b> Address	Primary Address	5		
Please ( Attach a	upload a copy of file:	Incorporation C	ertificate	
Auspice	Primary Phone N	Number		
Must be a	n Australian phone n	umber.		
Auspice	Primary Email			

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### **About Us**

\* indicates a required field

What is the primary purpose of your Organisation? \* Word count: Must be no more than 100 words. Have you had previous funding from the City of Swan? \*  $\bigcirc$  No Yes If Yes to above, have you acquitted all previous funds from the City? O Yes Please upload a copy of your Public Liability - Certificate of Currency \* Attach a file: Please upload a copy of your Certificate of Incorporation \* Attach a file: **Initiative Details** \* indicates a required field What is the title of your initiative? What is the Address of the initiative \* Address



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

What is the purpose of this initiative? *	
Word count: Must be no more than 100 words.	
Please identify the primary Objectives from which your initiative aligns. *	om the City's Strategic Community Plan
<ul><li>☐ Actively support and develop thriving local businesses and centres</li><li>☐ Build social inclusion and connectivity in</li></ul>	<ul><li>□ Build a strong sense of community health wellbeing and safety</li><li>□ Sustainable and optimal use of City resources</li></ul>
Please briefly explain how your initiative	supports these Objectives. *
Word count: Must be no more than 100 words.	
Please describe how your initiative will have broader community. *	ave a positive benefit to the local and
Word count: Must be no more than 100 words.	

Please provide a short summary of your Organisation's capacity to deliver this initiative. (Can it be achieved and how?)  $^{*}$ 

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Must be a date.

Word count: Must be no more than 200 word	S.	
Please summarise in bulle	t points your initiative k	ey outcomes. *
Word count: Must be no more than 100 word	S.	
How will you know if you	have achieved your initia	tive outcomes? *
Ham da way alam ta aasaa		the and energy of the ini
How do you plan to asses	s and measure the benef	its and success of the ini
<ul><li>☐ Number of attendees</li><li>☐ Number of participants</li></ul>	<ul><li>☐ Survey feedback</li><li>☐ Media releases</li></ul>	☐ Positive community☐ Positive feedback fr
☐ Number of volunteers ☐ Social media engagement At least 1 choice must be selected		community □ Other
Support Type		
* indicates a required field		
What type of support do y O Venue Hire	you require? * ○ 240 Litre Bin Hire	○ Other
Venue hire		
Please note:		
If there is a non-refundable b	ond for the venue this is to	be paid by the applicant.
<b>Venue Name and Address</b> Address		
Hire Date		

Hire Date End	
Must be a date.	
Estimate Cost	
\$	
Must be a dollar amount. Sourced when you obtain a quote or k	pook the venue.
<b>Please upload your booking, q</b> Attach a file:	uotes or other additional information
Have you read the Public Events ( Swan <u>Organising a Public Event w</u>	Guidelines and completed the application? See the City of ebpage.
Booking a City of Swan Venue? Se	ee here for <u>Facility hire booking enquiry</u>
	ot ensure the booking of any City of Swan venues or applete your booking/event request before submitting this
Provision of 240 Litre Bins Please note recycle bins are suppl	
Name of Venue and Address	
Address	
Date of Delivery	
Must be a date.	
Date of Collection	
Must be a date.	
How many hine required?	
How many bins required?	

#### **Estimated Cost of Bin Hire**

\$

Must be a dollar amount.

(\$20.00 incl GST) Sourced when you obtain a quote or book the venue.

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Please upload your booking, quotes or other additional information Attach a file:
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 bins or Public Event Approval, please complete your booking/request before submitting this application.
Please see here for <u>Waste fees and charges</u> on booking bins
Other
Description of other value-In-kind donation *
Word count: Must be no more than 100 words. If not in the above, please advise what you are requesting the City to provide e.g. signage, additional verge collection, garden maintenance, projector, pa system, events kit, etc.
Start Date
Must be a date.
End Date
Must be a date.
Estimated Cost  s
Must be a dollar amount.
Please upload your booking, quotes or other additional information Attach a file:

### Declaration

\* indicates a required field

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

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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).

I agree * Yes	:		○ No	
<b>Name</b> Title	First Name	Last Name		
Phone N	umber			
Must be an Australian phone number.				
Email				
Must be ar	n email address.			

#### **Good News Stories**

The City would love to run a story about your experience on our Website or Social Media Page. We would love to hear about your experience please send in photo's and a short story about your experience to communitygrants@swan.wa.gov.au