Community Grant Program 2021/22

FACILITIES GRANT - RATES ASSISTANCE

Application Form

Supporting and building capacity of community groups and clubs through community grants

SHIRE of WYNDHAM EAST KIMBERLEY

Community Grant Program
Facilities Grant – Rates Assistance

The Shire of Wyndham East Kimberley is committed to providing support for not for profit, community based, sporting, cultural, environmental, service groups and associations. This support is to foster high quality programs, community events, facilities and services that provide benefit to the community in alignment with the Council's Strategic Community Plan.

The aim of the Community Grant Program is to provide assistance to local community groups / organisations that make positive contributions to the quality of life within the local government area.

Facilities Grant - Rates Assistance provide the opportunity for not for profit community groups and associations occupying rateable land to apply for funding for the payment of their rates. Rates Assistance is only applicable to rates, and not to service charges, the waste management charge, and/or the Emergency Services Levy.

FACILITIES GRANT - RATES ASSISTANCE

Rates Assistance is a grant up to the amount of rates levied on community facilities operated by not for profit incorporated associations to offset the annual rate liability.

Rates Assistance provide the opportunity for not for profit community groups and associations occupying rateable land to apply for funding for the payment of their rates.

FUNDING

- The grant is only applicable to rates, and not to service charges, the Waste Receptacle Service, and/or the Emergency Services Levy
- Applications are open on an annual basis during a one month period

ELIGIBILITY AND CONDITIONS

This is to be read in conjunction with the general eligibility criteria referred to in this document. The following specific conditions apply to this category:

- Residential properties not used in the primary service delivery of the community group or association's activities or services will not be eligible for a Rates Assistance Grant
- The provision of commercial services where any revenue and surplus received is for the benefit of the group or organisation, such as a bar does not disqualify eligibility.
- The percentage of rates assistance will be less than 100% if part of the rateable property is used for a commercial purpose with the revenue and surplus being retained by a third party, and/or residential purpose

Applications made under this category must include:

- Copy of the Shire Rates Notice
- Copy of certificate of incorporation
- Copy of lease agreement or certificate of title

ANNUAL RENEWAL OF RATES ASSISTANCE GRANT

To minimise the administrative burden on community groups that have previously received the Rates Assistance Grant the Shire will provide an annual renewal process for up to three (3) years. The Shire will invite the community group to confirm that their circumstances remain unchanged from the details provided in a previous application. If any circumstances have changed or have undertaken a new lease the community group will be required to complete a new full Rates Assistance Grant application.

ASSESSMENT AND APPROVAL

After the grants category has closed and we have received your application:

- Shire Officers review all applications for eligibility
- The Shire Officers use the Assessment Criteria to assess all eligible applications
- The Shire Officers make recommendations to the Council for funding
- The Council considers the recommendations and approves for a 3 year period
- If the application is a renewal, the CEO reviews and approves application
- All applicants will receive a letter and/or email with the result of their application within 21 days of a decision

PAYMENT OF GRANT

If your application is successful you will be required to raise and supply an invoice to SWEK for the grant value to receive payment. Please note that GST is not applicable to the grant funding and should not be included in the invoice.

The Shire will process your invoice and deposit funds into your organisation/group nominated bank account.

Some charitable organisations may be eligible for a rates exemption under the Shire's Rates Exemptions for Charitable Organisations Policy (CP/FIN-3208).

Prior to applying, please also read the Community Grant Program Policy and General Grant Guidelines on the Shire's website swek.wa.gov.au

If you have any queries, please contact the Community Development Officer on 9168 4100 or email mail@swek.wa.gov.au

SUBMITTING YOUR APPLICATION

Please submit your application via email, post or in person:

By Mail:

Community Development, PO Box 614 Kununurra WA 6743

By Email:

mail@swek.wa.gov.au

Subject: Community Grant Program

By Email:

Kununurra Shire Office: 20 Coolibah Drive

Wyndham Shire Office: 6 Koolama Street

Thank you for taking the time to read through these guidelines - good luck with your application

Rates Assistance **Application Form**

Facilities Grant - Rates Assistance

Record Number:

Section 1 - Organisation Details

1.1 **Organisation Name** (*same as Incorporation Certificate*)**:**

Organisation Name:

1.2 **Organisation Address Details** *(not PO Box)*

Street Address:

Town: Postcode:

1.3 **Postal Address:**

PO Box No.

Town: Postcode:

1.4 **Organisation Contact Details:**

Chairperson/President:

Organisation phone:

Organisation email:

1.5 **Contact Person Details:**

Contact person's name:

Contact person's position:

Contact person's phone:

Contact person's email:

1.6 **Is your organisation incorporated?**

☐ Yes: *Please provide Association Number and attach a copy of your Incorporation Certificate.*

☐ No: *You are not eligible to apply*

Association Number:

1.7 **Do you have a copy of the organisation's Financial Statement?**
(Financials from last endorsed Annual General Meeting).

☐ Yes: *Please attach copy of financial statement.*

☐ No: *Your application will be deemed ineligible.*

1.8 **Do you have public liability insurance?**
(MUST be current and will provide cover for the proposed grant).

☐ Yes: *Please attach a current copy of public liability insurance certificate.*

☐ No: *Your application will be deemed ineligible.*

OFFICE USE ONLY						
	Application	Eligibility	Assessment	Approval	Payment	Acquittal
Date:						
Status:						

Section 1 - Organisation Details (Cont.)

1.9 **Is your organisation considered a Public Benevolent Institution for taxation purposes, or receive a tax exemption from the Australian Taxation Office?**

☐ Yes: *Please provide the relevant taxation information or certificates.* ☐ No

1.10 **Is your organisation registered with an Australian Business Number (ABN or ARBN)?**

☐ Yes: *Please provide AB Number or ARBN.* ☐ No

ABN or ARBN: _____

1.11 **Is your organisation registered for Goods and Services Tax (GST)?**

☐ Yes ☐ No

About Your Organisation

1.12 **Please describe your organisation and its purpose in 200 words or less:**
(How long has it existed, history, current membership including relevant membership growth, include any other important information to build the picture for the assessment panel).

1.13 **Are you a membership based organisation?**

☐ Yes: Please complete 1.14a and 1.14b ☐ No

1.14a **Number of active members**: _____

1.14b **Annual membership fee**: $ _____

1.15 **Please indicate the target groups your organisation aims to engage**:

- ☐ Children (under 12 years)
- ☐ Young people (12 – 17 years)
- ☐ Women (18 – 55 years)
- ☐ Men (18 – 55 Years)
- ☐ Older people (55 + years)
- ☐ Aboriginal and Torres Strait Islander people
- ☐ People from culturally diverse backgrounds
- ☐ People with disability
- ☐ Low income families
- ☐ Other (please specify) _____

Section 2 – Property Details for rates assistance

Please provide details of the property you are seeking rates assistance for

2.1 Rates Assessment Number (*same as on Rates Notice*)**:**

Assessment Number:

2.2 **Property Address Details**

Lot/Reserve number:

Street Address:

Town: Postcode:

2.3a **Does your organisation own or lease the rateable land**?

☐ Own the property: Please provide a copy of the certificate of title ☐ Lease: *Please provide a copy of the lease agreement*

2.3b **If leased, is the lessee responsible for rates under the lease agreement**?

☐ Yes: *Please state who the property owner is.* ☐ No: *Your application will be deemed ineligible.*

Property Owner:

Use of the property

2.4 **What is the primary use of the property?**

Primary use:

2.5a **Are commercial activities conducted at the property address?**

☐ Yes: *Please provide portion of your site being utilised for the Commercial Activity.* ☐ No

Commercial activity: %

2.6b **If commercial activities are conducted, is this by a third party?**

☐ Yes: *Please state who the third party is.* ☐ No

Third Party Name:

2.7 **Does the organisation make a profit, which is not used for charitable purposes from its operations?**

☐ Yes: *Please state how the profit is utilised or distributed by the Organisation.* ☐ No

Profit use or distribution:

2.8 **Is the property used for residential purposes?**

☐ Yes: *Please provide portion of your site being utilised for the residential purposes.* ☐ No

Residential purposes: %

Section 3 - Declaration

3.1 Please read, tick and sign the following declaration:

- ☐ I do hereby declare that I am authorised on behalf of the organisation to sign this declaration and the information supplied is, to the best of my knowledge, accurate and complete.
- ☐ The Shire will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application.
- ☐ I understand that I may be required to supply further information prior to consideration of this application by SWEK.
- ☐ I understand that if successful I will raise and supply an invoice to SWEK for the grant value to receive payment.
- ☐ I understand any information disclosed in this form will only be used by the Shire for the purposes of assessing funding proposals under the Community Grant Program and will be maintained in accordance with the Privacy Act 1988.
- ☐ I understand that any decision made by the Shire is final and is not subject to an appeals process.

Organisation:	
Name of Person:	
Position Title:	
Signature:	
Date:	

You can submit your application by post, email or in person. Please address your application to: Community Development, PO Box 614 Kununurra WA 6743, Mail@swek.wa.gov.au or deliver your application to the Shire Offices in Kununurra (20 Coolibah Drive), or Wyndham (6 Koolama St).

OFFICE USE ONLY	
Eligibility	Officer assessment Application is **Eligible / Ineligible** for funding Officer Signature: _____ Officer Name:_____ Date: ____/_____ /_____
Assessment recommendation	Community Grant Program Review Panel Recommendation **Approve / Decline** funding in the amount of $_____. Panel Chair Signature: _____ Chair Name:_____ Date: ____/_____ /_____
Approval	Decision of Council or CEO based on recommendation **Approve / Decline** funding in the amount of $_____. CEO Signature: _____ Date: _____/_____ /_____
Notification	Notification of Decision of Council or CEO sent to organisation Email / Letter Date sent: ____/_____/_____ Officer Signature: _____ Officer Name:_____ Date: ____/_____ /_____
Invoice received	Invoice for awarded grant amount received from organisation Date received: ____/_____/_____ Officer Signature: _____ Officer Name:_____ Date: ____/_____ /_____
Payment	Payment for awarded grant amount sent to organisation Date payment processed: ____/_____/_____ Officer Signature: _____ Officer Name:_____ Date: ____/_____ /_____
Acquittal	Acquittal received from organisation Date received: ____/_____/_____ Officer Signature: _____ Officer Name:_____ Date: ____/_____ /_____