

Community Grant Program 2021/22

COMMUNITY PROGRAMS GRANT

Application Form



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

**SHIRE of
WYNDHAM
EAST KIMBERLEY**



Community Grant Program

Community Programs Grant

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.

Community Programs Grant provides one off grants and three-year service agreements for not for profit community groups with a focus on community development programs and services that align with the Shire's Strategic Community Plan and/or a service the Shire may be expected to otherwise provide.

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DATES

- Applications are open on an annual basis during a one month period
- Community Programs Grants are awarded for one (1) to three (3) years

FUNDING

- Applications over \$500 (ex GST) and under \$15,000 (ex GST)
- Applications must not exceed 50% of the total project cost
- Annual funding for this category is limited to \$15,000 (subject to the Annual Adopted Budget estimates)

FUNDING CRITERIA

Ongoing or one off community program that demonstrates benefit to the community including but not limited to programs that support:

- Vulnerable or isolated community members
- Youth, early years, seniors and/or people with disability

Grant funding is not available for the programs that:

- Do not directly support the goals and outcomes of the Strategic Community Plan Focus Area 1 People Healthy vibrant active communities
- Charge program fees over the value of \$5 or memberships over the value of \$35.

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:

- All applicants should demonstrate significant volunteer involvement.
- Demonstrate ability to provide quarterly progress and performance reporting
- Community Programs Grants that are awarded for more than one (1) year will require a signed service agreement with the Shire of Wyndham East Kimberley

Applications made under this category must include:

- Program delivery outline
- Performance indicators
- A business plan where funding is over \$5,000

ASSESSMENT AND APPROVAL

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

- Shire Officers review all applications for eligibility.
- The Community Grants Review Panel use the Assessment Criteria to assess all eligible applications
- The Community Grants Review Panel make recommendations to Council for funding.
- The Council considers the recommendations at a confidential council meeting.
- The Council makes the final decision on the outcome of all eligible applications.

PAYMENT OF GRANT

If your application is successful you will be required to sign a grant agreement that will outline the requirements for payment of grant funding including payment milestones.

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

In Person:

Kununurra Shire Office: 20 Coolibah Drive
Wyndham Shire Office: 6 Koolama Street

Community Programs Grant Application Form

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 registered on the Australian Charities and Not-for profits Commission?

☐ Yes:☐ 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 – About your Program

Please provide details of the event you are seeking funding for

2.1 What is the name of your program?

Program Title:

2.2 Summary of the Program:

Please provide a summary of your program. Be descriptive, but succinct. Include a brief summary of who this program is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what affects you expect to result from your activities (outcomes).

2.3a Anticipated start date

2.3b Anticipated
end date

2.4 Frequency and number of program sessions

Please specify how often the program will run and how many sessions will be held

2.4a Program frequency
(daily, weekly etc.)

2.4b Number of
sessions

2.5 Venue

Where will the program be held or run from?

Program primary location:

2.6 Have you included a business plan?

If you are requesting funding over \$5,000 or seeking funding over multiple years you will need to provide a business plan

☐ Yes

☐ No

2.7 Is the program inclusive and open to all members of the community?

☐ Yes:

☐ No:

Your application will be deemed ineligible.

2.8 What measures have you taken to ensure the program is inclusive and affordable to the community?

Please consider disability access and inclusion, family friendly facilities, increasing participation of minority groups.

2.9 Cost to attend the program

Please select the most appropriate box regarding the cost of your program to the community:

- ☐ Free of charge to community
 ☐ Attendance fee
 ☐ Attendance and membership fee

2.9a Attendance fee:

\$

2.9b Membership fee:

\$

Program outcomes

2.10 How many people do you anticipate attending the program each session?

Attendees :

2.11 Who will be the main target audience for the event?

- | | |
|---|---|
| <input type="checkbox"/> Children (under 12 years) | <input type="checkbox"/> People from culturally diverse backgrounds |
| <input type="checkbox"/> Young people (12 – 17 years) | <input type="checkbox"/> People with disability |
| <input type="checkbox"/> Women (18 – 55 years) | <input type="checkbox"/> Low income families |
| <input type="checkbox"/> Men (18 – 55 Years) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Older people (55 + years) | |
| <input type="checkbox"/> Aboriginal and Torres Strait Islander people | |

2.12 What are the main aims of the Program?

2.13 How will the community benefit from the program?

Please describe what the benefits of the event are to the community.

Justification and Strategic Alignment

2.14 How will the program support the goals of the Strategic Community Plan?

Please list the Strategic Community Plan Goals that this event will support and detail how. *(Please refer to the [Strategic Community Plan](#) which is available on the [website](#) or Shire Offices)*

2.15 What is the need to hold this program?

Please describe what need the program will meet (social, cultural, recreational wellbeing) and how your organisation identified the need?

2.16 What other strategic plans support the need for this program?

These may be such as a strategic plan, study or business plan, from your organisation your organisations governing body, or state government body.

2.17 Are there any other community groups, organisations or businesses involved in your program?

Please list who and describe how they will be involved?

Multiple year funding

2.18 Would you like the Shire to consider funding the program over more than one year?

Community Programs Grants are awarded for one (1) to three (3) years. The Shire will consider funding a program over multiple years where there is noticeable benefit in doing so.

☐ Yes: *Please complete questions 2.19 and 2.20*
☐ No

2.19 Future year program forecast

Please provide a forecast and estimate for the program in out years (year 2 and 3)

	Year 2	Year 3
Anticipated start date		
Anticipated end date		
Number of sessions		
Estimated program cost		
Estimated Program Grant funding request		

2.20 Benefits of multiyear funding

Please outline the benefits to the community, program users, your organisation and the Shire in providing multiyear funding for the program?

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.
- ☐ I understand that prior to construction I may need to seek planning and/or building approvals.
- ☐ I understand that if successful I will raise and supply an invoice to the Shire 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:	

Submit your application by post, email or in person.

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 based on recommendation Approve / Decline funding in the amount of \$ _____. CEO Signature: _____ Date: ____/____/____
Notification	Notification of Decision of Council 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: ____/____/____