

Community Grant Program 2021/22

FACILITIES GRANT - BUILDING AND PROPERTY

Application Form



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

**SHIRE of
WYNDHAM
EAST KIMBERLEY**



Community Grant Program

Facilities Grant – Buildings and Property

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 - Buildings and Property provide the opportunity for not for profit community groups and associations occupying Shire or community owned land to apply for funding towards the costs associated with upgrading, extending community facilities that will benefit the community.

FACILITIES GRANT - BUILDINGS AND PROPERTY

The Facility Grant - Buildings and Property aims to assist community groups within the Shire to upgrade, extend community facilities that will benefit the community.

The fund provides an opportunity to part fund an infrastructure project with strong community benefits.

- The Council considers the recommendations at a confidential Council meeting
- The Council makes the final decision on the outcome of all eligible applications
- All applicants will receive a letter and/or email with the result of their application within 21 days of Council decision

DATES

- Applications are open on a yearly basis during a one month period.

FUNDING

- Applications over \$500 (ex GST) and to a maximum amount of \$20,000 (ex GST)
- Applications must not exceed 50% of the total project cost
- Annual funding for this category is limited to \$64,000 (subject to the Annual Adopted Budget estimates)

FUNDING CRITERIA

One off projects that demonstrate benefit to the community including but not limited to:

- Planning, design and development for the establishment, enhancement or extension of community facilities
- Capital improvements to community facilities

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:

- Projects undertaken on Shire owned or managed land
- Projects undertaken on land in community ownership, long-term lease or management order will also be considered
- Applications will be prioritised based on how the application supports the goals of the Shire's Strategic Community Plan.
- Organisations are eligible for one Community Facility Grant per year only

ASSESSMENT APPROVAL AND AWARDING

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

PAYMENT OF GRANT

If your application is successful you will be required to raise and supply an invoice to the Shire 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.

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

By Email:

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

Facilities Grant - Building and Property 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 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:

- | | |
|---|---|
| <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"/> |
| <input type="checkbox"/> Aboriginal and Torres Strait Islander people | |

Section 2 – About the Project

Please provide details of the Project you are seeking funding for

2.1 What is the title of your project?

Project Title:

2.2 What best describes your grant application?

☐

Planning or
design

☐

Construction

☐

Equipment

☐

Other

2.3 Description of project works:

Please provide a description of your project works. What do you want to construct, install, demolish, refurbish? What spaces will be created or changed? (*Please provide drawings, specifications, maps etc.*)

2.4 How will your project be implemented?

Please provide a description of the steps to completing your project and who will be responsible for them.

Justification and Strategic Alignment

2.5 Why does this infrastructure need to be delivered?

Please describe what need the project will meet (what specific social, cultural, recreational and/or wellbeing community issue will the project address?) and how your organisation identified the need?

2.6 How will the project support the goals of the Strategic Community Plan?

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

2.7 What other strategic plans support the need for this project?

These may be prepared by your organisation such as a strategic plan, study or business plan, your organisations governing body, or state government body. Please list any relevant document and provide a link or copy of these plans.

Community Benefit

2.8 What are the benefits of your project?

Please describe what the benefits of the project are to your organisation and the community. (Consider including who currently uses the facility and for what purpose, and how the project will change or improve it)

2.9 How will the project make the facility more accessible to the community?

Please consider disability access and inclusion, family friendly facilities, increasing participation of minority groups. Does the project make the spaces larger to cater for demonstrated demand, support a wide use by the community than just members?

Consultation and partnerships

2.10 Are the community aware and supportive of the project?

Include which community members, stakeholders and organisations have been consulted about this project Also include who supports the project how and why (such as letters of support).

2.11 Are you partnering with any other organisations to deliver the project?

Please list who and describe how you will work in partnership with each organisations/stakeholder.

2.12 Are volunteers involved in the project?

☐ Yes

Please complete 2.12a and 2.12b

☐ No

2.12a If yes, identify which part of the projects they will be involved in?

2.12a If yes, who will manage the volunteers?

Property on which the project will be undertaken

2.13 Property Address Details

Lot/Reserve number:

Street Address:

Town:

Postcode:

2.13a Is the property leased from the Shire?

☐ Yes

☐ No: *Please state the owner*

Property owner:

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 managing 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 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: ____/____/____