Community Grant Program 2021/22

EVENTS GRANT

Application Form



SHIRE of WYNDHAM EAST KIMBERLEY



Community Grant Program

Events 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.

The Events category aims to support organisations to develop and conduct sustainable local and regional community events that celebrate diversity, creativity, inclusion and a vibrant community.

EVENTS GRANT

The Events Grant category aims to support organisations to develop and conduct sustainable local and regional community events that celebrate diversity, creativity, inclusion and a vibrant community.

Events Grants are available to incorporated not-for-profit associations to assist with the delivery of events that deliver significant benefits to the Community. All applicants must demonstrate significant volunteer involvement.

It is not the intent of the Events Grant to fund events into perpetuity. It is a requirement that all events demonstrate how they will make efforts to develop a sustainability plan to ensure the ongoing viability of the event without ongoing financial support from the Shire.

DATES

Applications are open on an annual basis during a one month period

FUNDING

- Applications over \$500 (ex GST) to a maximum amount of \$50,000 (ex GST)
- Applications must not exceed 50% of the total project cost
- Funding will not be granted for events that have already been started or completed
- Only one form of grant funding will be provided for any event per financial year
- Annual funding for this category is limited to \$105,000 (subject to the Annual Adopted Budget estimates)

FUNDING CRITERIA

Events that demonstrates benefit to the community including but not limited to:

- Bring community together and encourage a sense of identity, belonging for residents
- Community involvement in the design, planning and running of the event
- Promote the East Kimberley as a place to live, visit and do business

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
- Open to all members of the community
- Funding is conditional on the event being approved by the Shire and complying with all relevant approvals.

Applications made under this category must include:

- · A copy of Certificate of Incorporation
- Evidence of Public Liability Insurance
- · A budget for the event

SIGNATURE EVENTS

Funding within the Events Grant will be allocated to Signature Events. Signature Events are considered regular annual large scale events within the Shire that bring additional tourists and an economic advantage to Shire towns. Additional eligibility, funding criteria and condition apply for Signature Events please refer to the full policy and guidelines for further information.

ASSESSMENT AND APPROVAL

- 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
- All applicants will receive a letter and/or email with the result of their application within 21 days of Council decision

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

Subject: Community Grant Program

In Person:

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

Events Grant

Status:

Application Form

Section 1 - Organisation Details

| | J J. 9 | | | | | |
|--------------------|---|-----------------------------------|---------------------|------------|------------|------------------|
| 1.1 Orga | nisation Name (| same as Incorpo | oration Certificate | e): | | |
| | Organisation Na | ıme: | | | | |
| 1 0 O rga | sisstian Address | a Dataila (not D | O Payl | | | |
| 1.2 Orga | n isation Addres Street Addr | | J box) | | | |
| | | own: | | | Postcode: | |
| | | JVVII. | | | rosicode. | |
| 1.3 Posta | ıl Address: | | | | | |
| | PO Box | No. | | | | |
| | To | own: | | | Postcode: | |
| 1 4 O rgo | signtian Contact | t Deteiler | | | | |
| _ | nisation Contact | | | | | |
| O. | Organisation pho | | | | | |
| | | | | | | |
| | Organisation er | IIaII. | | | | |
| 1.5 Cont a | act Person Detai | ils: | | | | |
| Co | ntact person's na | ıme: | | | | |
| Cont | act person's posi | tion: | | | | |
| Cor | ntact person's ph | one: | | | | |
| Co | ntact person's er | mail: | | | | |
| | | | | | | |
| 1.6 Is yo ı | ur organisation i | incorporated? Please provide | e Association | | | |
| | Yes: | • | attach a copy of | | No. | not eligible to |
| | | your Incorpora | ation Certificate. | | apply | |
| Ass | ociation Number: | | | | | |
| 4 7 5 | | | | . | | |
| _ | ou have a copy o Is from last endor | _ | | Statement? | | |
| (i manoia | | | • . | | Your app | lication will be |
| | ☐ Yes: | Please attach financial state | ment. | | No: deemed | ineligible. |
| 1.8 Do v o | ou have public li | ability insuranc | e? | | | |
| _ | e current and will | - | | rant). | | |
| | _ | | a current copy | | Your app | lication will be |
| | ☐ Yes: | of public liabili certificate. | ty insurance | ш | No: deemed | |
| OFFICE | ISE ONLY | certinicate. | | | | |
| OFFICE U | SE ONLY Application | Eligibility | Assessment | Approval | Payment | Acquittal |
| Date: | | <u> </u> | | | , | ' |
| | | | | | | |

Record Number:

Section 1 - Organisation Details (Cont.)

| 1.9 Is your organisation registered of | on the Australian Ch | narities and Not-for pr | rofits Commission? |
|---|--|-------------------------|---------------------|
| Yes: | | | No |
| 1.10 Is your organisation registered Yes: Please properties ARBN. ABN or ARBN: | with an Australian ovide AB Number or | Business Number (Al | BN or ARBN)? No |
| 1.11 Is your organisation registered | for Goods and Serv | vices Tax (GST)? | |
| Yes | | | No |
| About Your Organisation 1.12 Please describe your organisat (How long has it existed, history, curre | | | |
| important information to build the pictu | | | |
| | | | |
| 1.13 Are you a membership based of Yes: Please co and 1.14b | omplete 1.14a | | No |
| and Little | | | |
| 1.14a Number of active members: | | | |
| 1.14b Annual membership fee: | \$ | | |
| 1.15 Please indicate the target group 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 Islan | | | diverse backgrounds |

Section 2 – About your Event

Please provide details of the event you are seeking funding for

| 2.1 What is the name of your | event? |
|---|--|
| Event Title: | |
| | our event. Be descriptive, but succinct. Include a brief summary of who this pro ou will do (i.e. the activities you will perform), and what affects you expect to re |
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| 2.3a Anticipated start date | 2.3b Anticipated |
| 2.0a Anticipated Start date | end date |
| | |
| 2.4 Venue | |
| Where will you event be held? | |
| Event Location: | |
| 2.5 le Shiro Event Application | or Development Application required to gain approval to hold the event? |
| | Event Application information is |
| Yes | No Unsure: available on the Shire website. |
| | |
| Event reach | |
| | anticipate attending the event? |
| Attendees : | |
| 0.7 Who will be the main term | of audionos for the avent? |
| 2.7 Who will be the main target Children (under 12 years) | |
| Young people (12 – 17 ye | |
| Women (18 – 55 years) | Low income families |
| Men (18 – 55 Years) | Other (please specify) |
| Older people (55 + years) | |
| Aboriginal and Torres Stra | ait Islander people |

| Yes: | Your application will be deemed No: ineligible. |
|--|---|
| .8a What measures have you taken to ensu | ure the event is inclusive and affordable to the community |
| Please consider disability access and inclusion | n, family friendly facilities, increasing participation of minority gro |
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| | |
| c.9 Cost to attend the event for Shire reside Please select the most appropriate box regard | |
| Free of charge to | Open event Specifically ticketed |
| community | (tickets on gate) event |
| 2.9a Entry fee/charges/cost per person: | \$ |
| | |
| Event outcomes | |
| 2.10 What are the main aims of the project? | ' |
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| 44 11 | h |
| .11 How will the community benefit from the Please describe what the benefits of the event | |
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| 12 How will the event promote the East Ki | imberley as a place to live, visit and do business? |
| | te the East Kimberley as a place to live, visit and do business: |
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Justification and Strategic Alignment

| | ent support the goals of the Strategic Community Plan? |
|------------------------|--|
| | gic Community Plan Goals that this event will support and detail how. (Please refer to the |
| Strategic Community I | Plan which is available on the website or Shire Offices) |
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|) | to all and a summant the money for this arrant? |
| | tegic plans support the need for this event? |
| <u>-</u> | s a strategic plan, study or business plan, from your organisation your organisations |
| joverning body, or sta | ate government body. |
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| | d to hold this event? need the event will meet (social, cultural, recreational wellbeing) and how your organisation |
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| 2 16 Are the commu | nity aware and supportive of the event? |
| | nity aware and supportive of the event? |
| | nity aware and supportive of the event? sations have been consulted and include who supports the event (such as letters of supports) |
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| Please list who and describe how they will be | | , , , , |
|--|----------------------------------|------------------------------------|
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| 2.18 How many volunteers will assist with | organising the event? | |
| 2.18a Number of volunteers | 2.18b Number of vol | unteers required |
| involved in the lead up to the event: | on the actual day/s o | f the event: |
| Signature Events | | |
| 2.19 Would you like the Shire to consider | vour event as a Signature Eve | nt? |
| Signature Events are considered regular ann | | |
| community benefit also bring additional touris | • | to Shire towns. |
| Yes: Please complete 2.21, 2.22 and 2 | e questions 2.20, | No |
| 2.21, 2.22 una 2 | 2.23 | |
| 2.20 What additional economic advantage | will the event provide to the lo | ocal economy? |
| Please briefly outline how the event will prom | ote the East Kimberley as a plac | ce to live, visit and do business: |
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| 2.21 Will the event attract overnight stays | in the Shire of Wyndham East | Kimberley? |
| Yes: | | No |
| If yes estimate | And estimate number | r |
| how many people: | of nights per persor | 1 |
| | | |
| 2.22 Have you included a business plan? | Vour annlication | will be deemed |
| Yes | No: ineligible to be a | n will be deemed |
| L Tes | Signature event | |
| | · · | |
| 2.23 Future year events forecast? | | |
| Please provide a forecast and estimate of an | | |
| Anticipated start date | Year 2 | Year 3 |
| · | | |
| Anticipated end date | | |
| Estimated event cost | | |
| Estimated Event Grant funding request | | |

Budget

2.24 List all income and expenditure details relating to your funding request:

Please itemise the expenditure that you are requesting funding towards. The Shire's contribution through the grant must not exceed 100% of the total project cost up to a maximum of \$50,000. Volunteer labour is valued at \$25 per hour. All amounts are GST exclusive.

| EXPENDITURE AMMOUNT | | INCOME | AMMOUNT |
|-----------------------------------|----------|-----------------------------------|----------|
| ITEM - DESCRIPTION | (EX GST) | ITEM - DESCRIPTION | (EX GST) |
| | | SWEK Requested Grant \$ (Max 50%) | |
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| Cash Expenditure Sub Total | | Cash Income Sub Total | |
| | | | |
| IN KIND EXPENDITURE | | IN KIND INCOME | |
| Organisation – Item - Description | VALUE | Organisation – Item - Description | VALUE |
| | | | |
| | | | |
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| | | | |
| | | | |
| In Kind Expenditure Sub Total | | In Kind Income Sub Total | |
| TOTAL EXPENDITURE | | TOTAL INCOME | |
| IOTAL EXILIBITION | | TOTAL INSOME | |

Please attach any other budget documentation to you application to assist the assessment of your application.

Section 3 - Declaration

| 3.1 Please read, tick and sign th | ne 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 | I understand that I may be required to supply further information prior to consideration of this application | | | | | | | |
| ☐ I understand that prior to | I understand that prior to construction I may need to seek planning and/or building approvals. | | | | | | | |
| I understand that if succepayment. | 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 <i>Privacy Act 1988</i> . | | | | | | | |
| I understand that any de | ☐ 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: | J H Welch | | | | | | | |
| Date: | | | | | | | | |

Submit your application by post, email or in person.

| OFFICE USE ONLY | | | | | | |
|------------------|--|-------------------------|---------|---|-----|--|
| Eligibility | Officer assessment | | | | | |
| , | Application is Eligible / Ineligible for funding | | | | | |
| | Officer Signature: | _ | Date: | / | _/ | |
| Assessment | Community Grant Program Review Panel Recommendation | | | | | |
| recommendation | Approve / Decline funding in the amo | ount of \$ | | | | |
| | Panel Chair Signature: | Chair Name: | Date: _ | | / | |
| Approval | Decision of Council based on recomm | nendation | | | | |
| | Approve / Decline funding in the amo | ount 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 rec | eived from organisation | | | | |
| | Date received:/ | | | | | |
| | Officer Signature: | Officer Name: | Date: | / | _ / | |
| Payment | Payment for awarded grant amount se | ent to organisation | | | | |
| | Date payment processed:/ | | | | | |
| | Officer Signature: | Officer Name: | Date: | / | _ / | |
| Acquittal | Acquittal received from organisation | | | | | |
| | Date received:/ | | | | | |
| | Officer Signature: | Officer Name: | Date: | / | _ / | |