

forms and other approval processes.

Community Grants and Sponsorship Funding

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Shire of Dalwalli PO Box 141 DALWALLINU W		(08) 9661 050 (08) 9661 109		shire@dalwallinu.wa.gov.	8:3	fice Hours 30am – 4:30 onday to Fri		
Office Use Only								
Officer:					Da	ite:	/	/
Record #			Received #:		Outco	me		
File #			Acquitted:		Da	ite:	/	/
Section A: Pr	oject / Event S	Summary						
	Organisation:							
Projec	ct or Event Title:							
Project	or Event Date/s:	Start Date:	/ /		Finish Da	te:	/	/
	Total Budget:	\$, ,					
Rec	quested Funding	Ś						
Shire Of	ficer Contacted:	Name:			Da	ite:	,	,
							/	/
Section B: Ap	plicant Detail	s						
	Postal Address:							
	rostal Address.	Street Address:						
		Suburb			State		Postcoo	le
_	Please give the name and telephone / email contact for the person in your organisation who can help us if the Shire requires further							
	der the Privacy A Contact Person:	ct (1988) you must g	et consent from	this person before recording		elow.		
	Email: Phone:							
	ABN:							
		ave an ABN, please do	wnload, complete	, and enclose a Statement by Sup	plier Form availa	able from		
		•	•	ment-by-a-supplier-not-quoting-a	•			
Is your Organisa	tion registered fo	r GST?			Yes]	No [
Is your Organisation Incorporated? Please include a copy of your Certificate of Incorporation. If you are not Incorporated, you will need to be auspiced by an Incorporated Organisation. Please include a copy of the Auspicing Organisation's Certificate of Incorporation.				rated Yes]	No [
Do you have Public Liability Insurance? All event applications will require the applicant to provide Council with a Certificate of Currency for Public Liability.				Yes 🗆]	No [
The application of the application of provide desiration of the controlled of the country of the country.								
Section C: Funding Category								
Please identify which of the following funding categories you are applying for. You will be required to submit two forms if applying for both Grants and Event Sponsorship. In-kind costs associated with Grants or Sponsorship must be included in the relevant application. Y7								
Community Assistance Grants (CAG)								
CAG funding is available to Community Groups and is designed to provide benefits to Shire residents through recreational, sport, social or								
cultural means. Grants can be used towards infrastructure and equipment in the Shire of Dalwallinu. Examples of previously successful grants include uniforms, sporting equipment, shade structures and seating.								
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	ty Sponsorship Fu							
Council understands and appreciates the importance of events and programs in creating healthy communities. CSF is made available to community groups to be used toward the costs associated with equipment hire, venue hire, entertainment, and catering for community								

events or programs in the Shire of Dalwallinu. Please ensure you visit https://www.dalwallinu.wa.gov.au for relevant event notification



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Section D: Project Details /	Event Details
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To assist the Shire to assess your application, please provide details of your project, including its benefit to the residents of the Shire of Dalwallinu. You are welcome to attach additional pages, or your Project Plan, should there be insufficient space.

Project Description – Objectives, expected outcomes and proposed actions / purchases.						

Are you working with any other community groups or businesses in the delivery of this project?

Organisation:	Contact Name:	Phone:

Section E: Financial Details

Budget

Please provided a detailed budget for the activity or project you are requesting funding for. All costs should be itemised in the space provided below. Quotes are required for costs over \$500. Please note that your income and expenditure should match. Applicants can request a maximum of 50% of their total project cost. The maximum available funding in each round is \$10,000 and successful recipients may be awarded a lesser amount than requested depending upon the number of eligible applications received.

(1) Budget Items (i.e., what the money will be spent on)	(2) Shire of Dalwallinu Funding (\$) (Excl. GST)	(3) Other Cash Funding Amount (\$) (Excl. GST)	(4) In-Kind Support Please estimate the dollar value of the in-kind support. (\$) (Excl. GST)	Source of Other Cash Funding or In-Kind Support Please state if confirmed or unconfirmed
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Total \$	\$	\$	\$	



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Section F: Declaration

I hereby declare that the information supplied here on behalf of the named organisation is correct. I consent to the Shire of Dalwallinu collecting the personal contact details provided above. We acknowledge your right to have access to our personal information, in accordance with the Privacy Act 2000.

I also declare that I have read the Shire of Dalwallinu Community Assistance Grants/Sponsorship Policy and agree to comply with the provisions included.

	Name:			Date:	/	/	
Position: *Must be a Committee Office Bearer							
	Bank Account:	BSB Number Account Number					
,	Account Name:						
	Please su	Ibmit your application by no later than Friday 5 April 2024 at 4pm. Shire of Dalwallinu					
	Mail:	PO Box 141, Dalwallinu WA 6609					
	Address:	58 Johnston Street, Dalwallinu WA 6609					
	Email:						
Please ensure y	Please ensure you have included the following items with your application where applicable.						
Attached	N/A	Details:					
		Certificate of Incorporation					
		Current Financial Statement for the previo	current Financial Statement for the previous financial year				
		Copies of letters of support from key partners					
		tatement by Auspicing Association (if you do not have an ABN)					
		Copy of written quote/s for any costs over \$500					
		Other, please specify below					