

**Details of Your Organisation**

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| --- | --- |
| Organisation Name |  |
| Street Address |  |
| Postal Address |  |
| Contact Number |  |
| Email Address |  |
| **Select your organisation type:** | |
| ☐ Not-for-profit Organisation  ☐ Incorporated Organisation | |
| **Does your Organisation have an Australian Business Number (ABN)?** | |
| ☐ Yes ☐ No | |
| **If yes, please provide your Australian Business Number (ABN):** | |
|  | |
| **Is your Organisation registered for GST?** | |
| ☐ Yes ☐ No | |
| **Does your Organisation have Public Liability Insurance?** | |
| Yes  No  N/A | |
| Insurance Amount: $ | |

**Contact Person**

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Contact Number |  |
| Email Address |  |

**Grant History**

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| **Has the Organisation previously received a Community Growth Fund Grant with the Shire of Carnarvon?** |
| ☐ Yes ☐ No |

**If yes, please provide details below and has this grant been acquitted?**

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| --- | --- | --- |
| **Project Name** | **Amount** | **Year Funded** |
|  |  |  |
|  |  |  |
|  |  |  |

**Project Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project/ Event Title** |  | | | |
| **Commencement Date** |  | | **Completion Date** |  |
| **Venue/ Location** |  | | | |
| **Please provide an overview of your project's goals and the outcomes you intend to achieve:**  *Please ensure this response clearly articulates the primary objectives of your project and the outcomes you expect to achieve. Start by outlining the overarching goals, such as the purpose and significance of the project. Be specific about what you aim to accomplish and why it matters. Next, detail the anticipated outcomes, including the measurable impacts and benefits your project will deliver. Highlight any community engagement or long-term benefits. Providing concrete examples or benchmarks can help illustrate your points effectively. Ensure your response is concise, focused, and aligns with the funding criteria.* | | | | |
|  | | | | |
| **Which objectives of the Shire's Strategic Community Plan does your project support?** | | | | |
| Our equitable community is actively involved in and are responsible for developing innovative, local solutions that transcend our region for a safe and unified 6701.  Our economy fosters investment and productivity in industries befitting Carnarvon’s physical and natural environment and that grow our horizons.  Our sustainable livelihoods create a community that can flourish into the future.  Our holistic health care facilities provide services from the womb to the grave.  Our educational opportunities from early childhood to adulthood are tailored and relevant to the individual.  Our infrastructure, housing and amenities are high quality and accessible.  Our community acknowledges our history and celebrates our diverse cultures.  Our community is engaged, inclusive and supportive. | | | | |
| **Who will benefit from the funding?** | | | | |
| Members of the Organisation/ Club or Community Group  Benefit the members of the community | | | | |
| **What target groups will benefit from the funding?** | | | | |
| ☐ Men ☐ Women  ☐ Family ☐ Visitors  ☐ Children aged 0-11 yrs ☐ Young people aged 12-25 yrs  ☐ Aboriginal or Torres Strait Islander peoples  ☐ People with disability/ special need  ☐ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Expected Attendance:**  (provide a realistic estimate of the number of participants, spectators and people involved in the event or project – If either of the below are not relevant to your project or event, please enter N/A) | | | | |
| Local Spectators/ Patrons: | |  | | |
| **Fees and estimated income:** | | | | |
| Will the event have an attendance fee? | | Yes  No | | |
| Attendance Fee (cost/ person) | | $ | | |
| **List the organisations and businesses who will benefit from the funding?** | | | | |
| **Organisation/ Business Name:** | | **Involvement/ Support:** | | |
| *Example: Carnarvon Community Club* | | *Example: Running the Sausage Sizzle* | | |
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**Budget**

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| --- | --- | --- |
| **Expenditure Type** | **Amount** | **Is this procured locally?** |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |

**Funding Request**

|  |  |
| --- | --- |
| **Requested Funding Amount**  *(Maximum of $5,000)* | **$**  ***Please note, this amount must match as outlined in the budget above.*** |
| **Are you seeking in-kind support?** | Yes  No  Unsure |
| **If yes, what in-kind support do you require?** | Venue, Facilities  Staffing  Equipment, Resources  Other: |
| **Will this project go ahead without Council’s funding?** | Yes  No |
| **If no, please advise why your project will not go ahead without Council’s funding?** |  |

**Marketing and Promotion**

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| **How will the Shire of Carnarvon be recognised for its support?** |
| Shire Banners  Logo on the website  MC announcements  Radio/ Television  Opportunity to speak/ Present  Logo on advertising materials  Social media  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Application Checklist**

Please ensure all documents requested are attached to the application. Any application that is incomplete and does not have relevant documents attached will not be considered.

Support letter attached.

All questions have been answered.

Copy of public liability insurance provided.

Appropriate person/s have signed.

**Declaration**

I, the undersigned, certify that:

* I have read and will abide by the Shire of Carnarvon’s Community Growth Fund Guidelines.
* I am authorised to make this application on behalf of the organisation.
* The information contained in this application is, to the best of your knowledge, true and accurate.
* The information you provide in your grant application will be used by the Shire to process and assess your application. The Shire may contact other funding agencies to verify funding requested from other agencies in support of your project.
* The information may be used by the Shire for the promotion of the Community Growth Fund or the promotion of funding outcomes for projects in Carnarvon.
* Willing to take part in the Shire’s communications and marketing material as requested by Shire staff.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position at Organisation** |  |
| **Signature** |  |
| **Date** |  |

**Submission**

All submissions must be received by 5pm on the closing date.

Applications can be received:

**By Email (preferred):**

[shire@carnarvon.wa.gov.au](mailto:shire@carnarvon.wa.gov.au) – Subject line: Community Growth Fund Application – [Organisation name]

**By Post:**

Shire of Carnarvon   
PO Box 459

Carnarvon WA 6701

**In-Person:**

Shire of Carnarvon Administration Office

3 Francis Street

Carnarvon WA 6701

A group of people under a black background

Description automatically generated[Click here](https://www.carnarvon.wa.gov.au/community/events/grants-funding/community-growth-fund.aspx) for more information about the program, including guidelines, acquittal forms and guidelines, or visit the Shire’s website: [www.carnarvon.wa.gov.au](http://www.carnarvon.wa.gov.au)