

**Q1. Details of your Organisation**

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q2. Contact Person**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q3. Type of Organisation**

Not for profit organisation  Incorporated organisation

**Q4.** Does your Organisation have an Australian Business Number (ABN)?

Yes  No

**Q5.** Is your Organisation registered for GST?

Yes  No

**Q6.** Does your Organisation have Public Liability Insurance?

Yes  No or  N/A

Amount Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant History**

**Q7. 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?

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

**Grant Details**

**Q8.** What category does your application fit within:

Operational (e.g. are you requesting financial assistance for a rates notice)

Event (e.g. is your application for an event/activity)

Project (e.g. is your application for a development project/infrastructure etc.)

In-Kind (e.g. hire/usage of Shire facilities or assets)

**Q9.** Funding amount requested (ex. GST) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q10.** Have you spoken with the Community Development Officer in relation to this application?

Yes  No

**Q11.** How will Shire of Carnarvon be recognized for its support?

Council banners  Logo on website

MC announcements  Radio/ television

Keynote speeches  Logo on advertising materials

Social media  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shire of Carnarvon Facebook: @ShireofCarnarvon

**Project Details**

**Q12.** Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q13.** Project start date \_ \_ / \_ \_ / \_ \_ \_ \_ Project end date \_ \_ / \_ \_ / \_ \_ \_ \_

**Q14.** Is this event/ project/ activity a  one-off or  recurrent? (If applicable)

**Q15.** Detailed project description (200 words or less):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Q16.** Select the demographics this project will target:

Men  Women

Family  Tourists

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q17.** Number of participants/ attendees expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q18.** Ticket fee (if applicable) $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q19.** Describe in 200 words or less how the project provides a direct or indirect benefit, including social and economic, for the community. ***These should be measurable and achievable.***

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**Q20.** In 200 words or less, what is the main reason you are applying for this funding and how does it meet a need in the community?

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**Q21.** Will this project go ahead without Council’s funding?

Yes  No

**Q22.** Please attach any letters of support demonstrating the community’s support for your proposed project.

**Q23.** Demonstrate other financial and/or in-kind contributions/partnerships that will assist in the delivery of this program/project or activity.

|  |  |
| --- | --- |
| Funding Source | Amount |
|  |  |
|  |  |
|  |  |
|  |  |

**Q24.** Choose 1 (one) or more Strategic Community Plan objectives or strategies that your application aligns with, and provide a detailed explanation of how it aligns with this objective or strategy.

Economic: A strong and growing economy, with a thriving regional centre, abundant business opportunities and jobs.

Natural and built environment: A sustainable natural and built environment that meets current and future community needs.

Social: Healthy, safe and resilient community where everyone belongs.

Cross-cultural connection: Acknowledged and celebrated traditional owners and diverse cultures that make up the community.

Civic: Strong and listening Council.

**Q25. Detailed Budget – Income and Expenses**

* Round all amounts to whole dollars.
* Demonstrate in your budget where your organisation is contributing a financial cost to the project.
* Council reserves the right to request further information on budget items.

***\*Example of budget table below, please attach yours with application.***

|  |  |  |
| --- | --- | --- |
| **Expenses** | **Cost** | **SoC Grant** |
|  |  |  |
|  |  |  |
| **Total Expenses** | **$** | **$** |
|  | | |
| **Income (includes in-kind contributions)** |  |  |
|  |  |  |
|  |  |  |
| **Total Income** | **$** | **$** |

**Total Project Cost (this should match total expenses): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Q26. Application checklist**

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

Recent financial statement attached

All questions have been answered

Project budget provided

Copy of public liability insurance provided

Appropriate person/s have signed

**Certification by organisation:**

I, the undersigned, certify that:

* I have read and will abide by the Shire of Carnarvon Community Growth Fund Guidelines.
* I am authorized to make this application on behalf of the organization.
* 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: \_ \_ / \_ \_ / \_ \_ \_ \_