



COMMUNITY ASSISTANCE SCHEME

Community Group
Application Form

Live, Work, Play

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1. INFORMATION FOR ALL PARTICIPANTS

The Community Assistance Scheme is designed to enhance the social, recreational and cultural fabric of our community through the provision of funds and in kind support to community based organisations and exceptional individuals.

The following document is the standard group application form for the City of Kalgoorlie-Boulder's Community Assistance Scheme. All applications received will in the first instance be assessed by Officer's against the criteria outlined as part of the City's Community Grant Program.

The City would like applicants to ensure that they can obtain at least 50% of funding from other sources unless it can be demonstrated that this is not possible.

Applications must be submitted a minimum of 4 week prior to the project or event date. Assessments are undertaken monthly throughout the financial year by City Officers and approvals determined by the CEO up to the delegated authority of \$10,000. All grants exceeding \$10,000 require a written report to be submitted for consideration by Council at the next scheduled Ordinary Council Meeting.

Please note that the City of Kalgoorlie-Boulder will not consider incomplete applications.

This application document is available online at www.ckb.wa.gov.au. For best results please download the Microsoft Word version and complete your application electronically as per the instructions. Hard copy applications are available from the City's Administration Building, 577 Hannan Street, Kalgoorlie.

To assist in processing all applications, we ask you to note the following requirements:

- ☐ Before completing your application, please make sure you have read the City's Community Assistance Scheme guidelines.
- ☐ For applications that are hand written, please use black ink for photocopying purposes. Only clear and legible hand written applications are able to be processed. If you need space to describe any aspect of your proposed activity please provide the information as briefly as possible on A4 paper, marking clearly the item and page number to which the additional information refers.
- ☐ Please do not present your application in a binder or folder. It is sufficient to use a paper clip or bulldog clip.
- ☐ Please supply all supporting material with your application and ensure that it is clearly labelled and all information remains in the A4 format.
- ☐ Please keep a copy of your application.

. City Officers will process all applications and will assess each one on their merit, according to the Community Assistance Scheme guidelines and criteria. Applicants will be advised of the outcome of the assessment following the finalisation of all assessments of applications received within each month. Should you have any questions about the application process please contact the City on 9021 9600.

2. APPLICANT INFORMATION

Organisation:
Address:
Postal address:
Contact person: **Role:**
Phone: **Mobile:**
Fax:
Email:

Incorporated: ☐ Yes ☐ No
ABN (if applicable): **GST Registered:** ☐ Yes ☐ No

DECLARATION

I hereby certify that to the best of my knowledge, the information provided above is correct and an accurate account of income, expenditure and project activities is disclosed in this application. I also accept and agree to complete an evaluation / acquittal on receipt of funding / in-kind support from the City of Kalgoorlie-Boulder.

Signed:
Name: **Date:**

Position: (Please Mark) ☐ Treasurer ☐ President / Chair ☐ Secretary

3. AUSPICE ORGANISATION DETAILS

If you are not an incorporated organisation, you will require another organisation that is incorporated to sponsor your application. Please supply detailed information about your auspice organisation below and obtain signature from an official representative such as the Treasurer, Chairperson/President or Secretary declaring that the organisation is incorporated and that information provided in this application is an accurate account of the income, expenditures and activities listed in this application.

Auspice Organisation:
Address:
Postal address:
Contact person: **Role:**
Phone: **Mobile:**
Fax:
Email:
Incorporated: ☐ Yes ☐ No
ABN (if applicable): **GST Registered:** ☐ Yes ☐ No

DECLARATION

I hereby certify that to the best of my knowledge, the information provided above is correct and an accurate account of income, expenditure and project activities listed in this application,

Signed:

Name: **Date:**

Position: (Please Mark) ☐ Treasurer ☐ President / Chair ☐ Secretary

4. PROJECT DETAILS

This section briefly describes the activities, participants and income of your project.

Project/Event Name:

Commencement: **Completion:**

Venue / Location:

Brief event/project description: *(350 words or less, including the purpose and outcomes)*

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Have you received support from other community groups or formed agency partnerships that will help you deliver your project??

☐ Yes *(If yes, please list the groups below & provide letters of support).*

☐ No

1.
2.
3.

Please list (3) reasons how your project will align with the City's Strategic Community Plan and how it will benefit the community:

1.
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2.
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3.
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Describe what actions you will take to provide due recognition to the City of Kalgoorlie-Boulder:

- 1
.....
- 2
.....
- 3
.....

Has your organisation previously received a grant or financial assistance from the City of Kalgoorlie-Boulder in the last financial year?

- ☐ Yes *(If yes, please list the year, types of grants and the values below)*
☐ No

Financial Year	Grant / Financial Assistance Type	Amount
		\$
		\$

Does your organisation currently lease a property / building from the City of Kalgoorlie-Boulder?

- ☐ Yes *(If yes, please list the property address and the lease amount below)*
☐ No *- this includes peppercorn leases)*

Financial Year	Address	Lease Amount
		\$
		\$

5. PROJECT FINANCES

This section is a brief snapshot of your project budget. Volunteers are valued at \$25/hour and if a tradesperson is involved please provide a full value of works and list this separately to the volunteer time spent on the project. Include all other funding sources and attach a copy of those applications with this one.

The City would like applicants to ensure that they can obtain at least 50% of funding from other sources unless it can be demonstrated that this is not possible.

Project Totals	Amount
Total Project/Event Costs	\$
City of Kalgoorlie-Boulder funding sought	\$
State government funding sought	\$
Federal government funding sought	\$
Other funding sought (<i>please detail below</i>)	\$

Other Funding Details:

Source (Company / Group)	Volunteer Time	In-kind Assistance	Financial Allocation	Donation
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Please provide details of what the City of Kalgoorlie-Boulder funding will be allocated to within your project.

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Community Grant Program • Community Group Application

You may use the detailed budget format below or you might create a budget form specific to your organisation

PROJECT INCOME	GST Inclusive	Non-GST
CKB Community Grant Program		
Applicant Contribution Cash		
In-kind (Please Specify)		
Other Grants – Please specify and indicate if confirmed (c) or not confirmed (nc)		
Donations		
Sponsorship		
Other – specify		
A Total Project Income		
PROJECT EXPENDITURE		
Accommodation & Meals		
Advertising & Publicity		
Administration (Telephone, postage, stationery)		
Hire - Venue		
Equipment		
Purchase - Equipment		
Materials		
Insurance		
Travel, Freight & Transport		
Other – Please Specify		
B Total Project Expenditure		
C= (A – B)		

6. APPLICATION SUPPORT DOCUMENT CHECK LIST

Please ensure that you have enclosed the following documentation with your application.

- ☐ Most recent up to date copy of certificate of incorporation
- ☐ Most recent up to date copy of organisational annual report
- ☐ Most recent up to date copy of audited financial statements
- ☐ Most recent up to date organisational membership / players list
- ☐ Evidence of public liability insurance
- ☐ Copies of funding applications to other sources
- ☐ Project budget information

DECLARATION

I hereby certify that to the best of my knowledge, the information provided above is correct and an accurate account of project activities is disclosed in this application. I also accept and agree to complete an evaluation / acquittal on receipt of funding / in-kind support from the City of Kalgoorlie-Boulder.

Signed:

Name: **Date:**

PLEASE RETURN YOUR COMPLETED ACQUITTAL MARKED AS BELOW

Addressed:

*Attention: Team Leader Community Development Unit
City of Kalgoorlie-Boulder
Community Group Application*

By Post to:

City of Kalgoorlie-Boulder
PO Box 2042
BOULDER WA 6432

By Hand to:

City's Administration Building
577 Hannan Street
KALGOORLIE WA 6430

By E-mail to:

mailbag@ckb.wa.gov.au

By Fax to:

(08) 9021 6113

**APPLICATIONS MUST BE RECEIVED BY THE CITY OF KALGOORLIE-BOULDER A
MINIMUM OF FOUR (4) WEEKS PRIOR TO THE PROJECT COMMENCEMENT**

LATE APPLICATIONS WILL NOT BE ASSESSED AND WILL BE RETURNED