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Community Facility Fund

**Application Form 2024-25**

**2024-25 Applications close at 4pm on Friday 26 April 2024.**

Applications can be submitted by mail, email or hand delivered:

Shire of Boddington

39 Bannister Road, Boddington 6390

shire@boddington.wa.gov.au

Please note the outcome of the application will be advised within three months of the closing date.

**Application Checklist**

🞏 Contacted the Community Development team to discuss the proposed project and eligibility for funding.

🞏 Completed all questions in the application form.

🞏 Ensured any attached documents to your application are clearly marked and are in a clear and easy to understand format:

🞏 Annual financial statement attached.

🞏 Evidence of public liability insurance.

🞏 Letters of support, including letter of support from auspice organisation (if applicable).

**Eligibility**

|  |  |  |
| --- | --- | --- |
| The applicant is: * an incorporated organisation; or
* a group auspiced through an incorporated organisation (with written acknowledgement)
 | 🞏 Yes | 🞏 No |
| The application demonstrates:* the project will result in increased community benefit and/or participation in physical activity;
* the project will improve the standard of the facility or services to local residents;
* capacity to fund the total project amount and ongoing ability to sustain or maintain the facility (where appropriate); as well as
* the ability to fund two thirds of the project cash cost (this may include additional funding sources).
 | 🞏 Yes | 🞏 No |
| For applications to proceed to assessment they must:* be lodged on time;
* be submitted on the appropriate form;
* include the required information, including insurance and financial details;
* include agreement from the applicant to acknowledge the Shire if funding is successful;
* ensure the applicant demonstrates its ability to manage the project; and
* not be due to commence until after the notification date.
 | 🞏 Yes | 🞏 No  |

**If you answered ‘No’ to any of these questions, please contact the Community Development team.**

**Applicant Details**

**Organisation Details** This is the group undertaking the project.

|  |  |
| --- | --- |
| Legal Name of Organisation |  |
| Postal Address |  |
| ABN  |  |
| Registered for GST | 🞏 Yes 🞏 No |
| Not-for-profit | 🞏 Yes 🞏 No |
| Incorporated | 🞏 Yes 🞏 No |

**Organisation Contact** This is the person legally authorised to enter into contracts on behalf of the organisation. This is generally the president or chairperson.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone |  |
| Mobile |  |
| Email |  |

**Project Details**

Name of Project

|  |
| --- |
|  |

Location of Project

|  |
| --- |
|  |

Project Start and End Date

|  |
| --- |
|  |

Total Project Cost

|  |
| --- |
|  |

Funding Amount Requested

|  |
| --- |
|  |

Provide a summary of the project

|  |
| --- |
|  |

Clearly identify what the grant funds will be used for in the project

|  |
| --- |
|  |

Describe how the project will benefit the community of Boddington

|  |
| --- |
|  |

Provide details of any collaborations/partnerships or community groups that will assist in the delivery of this project and outline how they will support the project (provide letters of support where relevant).

|  |
| --- |
|  |

How will you acknowledge the Shire of Boddington’s contribution to the project?

|  |
| --- |
|  |

**Budget Details**

Use the table below to list the expenses your project will incur, detail the income and in-kind that will cover the expenses, and identify their source.

Please note Shire of Boddington’s contribution is limited to 33% of the total project.

**Income:** List all sources of cash funding including grants, sponsorship, donations, club funds

|  |  |
| --- | --- |
| Item Description | Budget (ex GST) |
| Shire of Boddington grant |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total (A) | $ |

**In Kind Contribution:** List non-cash items, in-kind and volunteer details

|  |  |
| --- | --- |
| Organisation – Item - Description | Budget (ex GST) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total (B) | $ |

|  |  |
| --- | --- |
| Total Project Value (A) + (B) | $ |

**Expenditure**

|  |  |
| --- | --- |
| Item Description | Budget (ex GST) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total (C) | $ |

|  |  |
| --- | --- |
| Surplus/ Deficit (A) – (C) | $ |
| **Declaration** |

Has your organisation received any type of funding from the Shire of Boddington in the last 2 years? If yes, please provide details below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Amount** | **Purpose** | **Fully Acquitted** |
|  |  |  | 🞏 Yes 🞏 No |
|  |  |  | 🞏 Yes 🞏 No |

Have you applied for grant funding from other sources for this project? If yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| **Funding Body/Program** | **Amount** | **Status of Application** |
|  |  | 🞏 Confirmed 🞏 Pending |
|  |  | 🞏 Confirmed🞏 Pending |

**Declaration**

🞏 I declare the organisation has read and understands the Community Facility Fund Guidelines.

🞏 I declare I am the authorised person to submit this application on behalf of my organisation and are authorised to sign legal documents on behalf of the organisation.

🞏 I declare the information provided in this application and attachments is to the best of my knowledge true, correct and discloses all estimates as accurate as possible.

🞏 I understand false or misleading statements listed in this Community Facility Fund Application can result in the application being rejected or the withholding of any funds that may be approved as result of this application.

🞏 I declare the organisation applying for the grant funding will complete and submit a Community Facility Fund Acquittal Form within 30 days following the project’s completion.

🞏 I declare the organisation submitting this form understands this is an application only.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Signature  |  | Date |  |