



APPLICATION FORM – COMMUNITY GROWTH FUND

Contact Details	
Name of Organisation:	Click here to enter text.
Contact Person:	Click here to enter text.
Contact number/s:	Click here to enter text.
Address:	Click here to enter text.
Postal Address:	Click here to enter text.
Website:	Click here to enter text.
Email:	Click here to enter text.

Organisation Business Details	Please select	
Is your organisation an incorporated body? <i>If yes please attach proof</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, have you attached a letter from a sponsoring committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered for GST?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have "Public Liability Insurance" <i>If yes, please attach a copy of "Certificate of Currency"</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for funding from the Shire for this project previously? <i>If yes, in what year was the application made? Please attach information</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the project dependant on Shire funding to proceed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Shire previously assisted your organisation? <i>If yes, please attach information</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied or are you intending to apply for other funding sources for this project? <i>If yes, please provide details under "Project Summary"</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Banking Details

ABN: [Click here to enter text.](#)

Name of Account: [Click here to enter text.](#)

Name of Bank: [Click here to enter text.](#)

BSB: [Click here to enter text.](#)

Account Number: [Click here to enter text.](#)

Branch Name: [Click here to enter text.](#)

Account Holders Signature: [Click here to enter text.](#)

Please provide a brief description of your organisation:

[Click here to enter text.](#)

Project Summary

Project Title: [Click here to enter text.](#)

Proposed Start Date: [Click here to enter text.](#)

Proposed Finish Date:
(must be prior to 20th June) [Click here to enter text.](#)

Location/Venue: [Click here to enter text.](#)

Please provide a brief description of the project that you require funding assistance for and its objectives (attach extra sheet if you need more space):

[Click here to enter text.](#)

1. Community Growth Fund Grants must be eligible projects as identified in the Shire of Chapman Valley *Community Growth Fund Operational Procedures* (copy attached). Please identify eligibility criteria(s) relevant to your application below.

[Click here to enter text.](#)

2. Please describe how the outcomes of the project will be measured.

[Click here to enter text.](#)

3. Has your organisation secured or made attempts to secure financial assistance from other sources such as fundraising, other grants, commercial sponsorship etc. for this project? Please outline below and include details in the budget.

[Click here to enter text.](#)

Acknowledgement

Recipients of a Community Growth Fund Grant must recognise the Shire of Chapman Valley sponsorship in any advertising, promotion and media publicity related to its grant funding (e.g. newspaper article, flyers, invites, verbal recognition). How will your organisation acknowledge the Shire of Chapman Valley funding?

[Click here to enter text.](#)

Financial Information

It is important to show how you plan to spend the grant and whether you expect any other income to support your project.

Use the table below to show where the money for your project is coming from and how it will be spent. **Include the Community Growth Fund Grant in these tables and specifically outline where the grant will be spent.**

Income		
Funding Source	\$ (EX. GST)	Confirmed Y/N
Amount Requested from the Shire of Chapman Valley	\$	N/A
Amount Contributed by your Organisation (Cash)	\$	\$
Amount Contributed by other Grants or Sponsorships:	\$	\$
•	\$	\$
•	\$	\$
•	\$	\$
In-Kind Contribution (e.g.: volunteer time @ \$30 hour)	\$	\$
•	\$	\$
•	\$	\$
*TOTAL	\$	\$
Expenditure (please specifically outline how Shire funds will be used)		
Project Costs	\$ (EX. GST)	Confirmed Y/N
In-Kind Contribution (Matched to income above)	\$	\$
Shire funding (please itemise below):	\$	\$
•	\$	\$
•	\$	\$
•	\$	\$
Other (please list below):	\$	\$
•	\$	\$
•	\$	\$
•	\$	\$
*TOTAL	\$	\$

NB: Income and expenditure totals should be the same.

Authorisation by President/Secretary

I [Click here to enter text.](#)(President/Secretary) authorise this application for a Community Growth Fund Grant to be considered for approval.

If approved, I acknowledge that the project must be acquitted within 1 month of project completion.

I also authorise to being contacted by the Shire's and consent for the Shire using images of me and quotes provided by me for promotional purposes, including but not limited to news reports, articles, media releases and the Shire website.

[Click here to enter text.](#)
Signature

Day/Month/Year
Date



Before you send your application – please ensure that you have completed the following.

Please tick off each item when it has been completed or attached.

- Completed all questions in the application form, including a detailed Budget that indicates where Shire funds will be spent.
- Application has been signed by President/Secretary. Where an application is being submitted by a non-incorporated organisation that has a sponsoring organisation, please ensure the sponsoring organisation signs the Declaration.
- A copy of this application has been retained for your records.
- Proof of Incorporation (or letter from sponsoring organisation).
- Public Liability Insurance (Certificate of Currency).
- Quotes (optional).
- Support letters or testimonials (optional).

For any assistance, please contact:

Shire of Chapman Valley's Community Development Officer

Phone: (08) 99 205011

Email: community@chapmanvalley.wa.gov.au

Application submission

By post: Chief Executive Officer
Shire of Chapman Valley
PO Box 1
Nabawa WA 6532

Email: community@chapmanvalley.wa.gov.au

Hand delivery: Shire Offices - Reception
3270 Chapman Valley Road, Nabawa, WA 6532
9.00am – 4.00pm

Closing date

All applications must be received by **31st August 2018**.

SHIRE OFFICE USE ONLY

Outcome of the Assessment Recommendation to Council by Shire of Chapman Valley Community Growth Fund Committee:

Approved for receipt of Community Growth Fund Grant

Declined for receipt of Community Growth Fund Grant

Amount of Funds released \$

FILE No.:

Name of Authorised Officer

Signature and Stamp

Date