

Sport and Community Development Application Form



Funding Round 1 (1 October – 30 November)

Funding Round 2 (1 February – 31 March)

Funding Category (*please tick one box only*)

Sport and Recreation up to \$1000

Community Development up to \$1000

Conditions of Funding:

Should financial assistance be provided, the Organisation agrees to the following conditions:

- » The financial contribution from the City of Kalamunda is not retrospective. Application forms must be submitted prior to event/project/construction; reimbursement will not be given to groups if the project commences or is completed prior to City approval.
- » The financial assistance will be used only for the purpose for which it was given, unless otherwise agreed in writing by the City of Kalamunda.
- » The City of Kalamunda will be advised of any change in the project outlined in the Organisation's original financial assistance application before the project is progressed.
- » The Organisation recognises that on some occasions, if financial assistance is approved, special conditions may be specified in the letter of approval. In this case, organisations will be required to agree in writing to these conditions before the financial assistance can be made.
- » The Organisation will acknowledge City of Kalamunda's sponsorship in all public communications and place the City of Kalamunda's logo on any signs, banners and printed material relating to the project.
- » The Organisation will provide a full acquittal of all funds on the forms provided within two (2) months from the date of completion of the project.

1. Applicant Details:

Name of Organisation:

Contact Person First Name:

Last Name:

Street address:

Postal address:

Telephone:

Email:

Incorporated: Yes No Year of Incorporation:

If Yes, please attach a copy of your Certificate of Incorporation.

ABN:

Registered for GST: Yes No

Does your group have Public Liability Insurance?

Yes No

Sport and Community Development Application Form



What is your current membership?

| | Female members | Female Volunteers | Male members | Male Volunteers |
|--------------------------------|----------------|-------------------|--------------|-----------------|
| School aged (Yr 12 & under) | | | | |
| Senior 18+ | | | | |

Is your group able to manage and be accountable for the funding if successful? Yes No

Have you received funding from the City of Kalamunda in the last twelve months? Yes No

If you answered **yes**, please provide details:

Does your organisation have a bank account? Yes No

BSB number: Account Number: Account Name:

2. Proposed Project Details:

Project Title:

Date of Commencement:

Date of Completion:

Project Description: *(Please describe your project in detail)*

Sport and Community Development Application Form



3. PROJECT JUSTIFICATION:

How have you identified the need for your project?

How will you know if your project has been a success (Performance indicators)?

4. COMMUNITY BENEFIT:

Describe how your project will benefit the community?

Who will benefit from your project?

How many people will benefit from your project?

5. CONSULTATION:

Have you consulted with the City of Kalamunda about your application?

Yes No

Have you consulted with other organisations who may be affected or who could support you on this project?

Yes No

If you answered **yes**, please give the names of such organisations:

Please attach any letters of support from other community groups.

6. ACCESS AND INCLUSION:

The City of Kalamunda is committed to ensuring that the community is accessible for and inclusive of everyone including people with disabilities, their families and carers.

What provisions have you made within your project to ensure access and opportunity for all?

Sport and Community Development Application Form



7. FUNDING:

Please indicate in the table below how your project will be funded. In terms of total project cost, you should make an allowance for cost increases over the period of the project as it is not possible to receive additional funding to meet that cost once the project has been approved.

| Funding Source | Cost \$ (GST Inc) | Notes |
|--|--------------------------|--|
| Applicant's Cash | \$ | How much cash will your organisation contribute? |
| Voluntary Labour | \$ | The value of voluntary labour associated with your project. |
| Donated Materials | \$ | The value of donated materials you expect to secure. |
| Sponsorship requested from the City of Kalamunda | \$ | How much money are you requesting from the City of Kalamunda? |
| Other sponsorship | \$ | How much sponsorship have you secured from sources other than the City of Kalamunda? |
| Other | \$ | Any other funding that you have secured for your project. |
| Total Project Cost | \$ | |

PROJECT BUDGET

| Item (e.g. Advertising) | Cost \$ (GST Inc) |
|------------------------------|-------------------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. Voluntary Labour | \$ |
| 7. Donated Materials | \$ |
| Total Project Cost \$ | \$ |

For significant goods or services you intend to purchase or hire, please attach a copy of the quote to your application

Sport and Community Development Application Form



8. CHECKLIST:

Please check your application against the table below and ensure all relevant criteria have been completed. If any criteria have not been completed, please supply a brief comment stating the reasons.

| Criteria | Yes/No | | Comments (If applicable) |
|---|--------|----|--------------------------|
| Have you discussed this project with a City Officer? | Yes | No | |
| Have you read the 'Community Funding Program Information Pack'? | Yes | No | |
| Have you enclosed a copy of your Certificate of Incorporation? | Yes | No | |
| Have you enclosed a copy of your Public Liability Insurance? | Yes | No | |
| Have you completed the budget and attached details as outlined in the application form? | Yes | No | |
| Have you enclosed a copy of the quote from a supplier/service provider? | Yes | No | |
| Has the application been endorsed by your organisation's committee? | Yes | No | |
| Have you consulted with community groups and individuals affected by the project? | Yes | No | |
| Have you enclosed letters of support from other community groups? | Yes | No | |

9. DECLARATION:

I hereby certify that I have been authorised to prepare and submit this application. The information contained herein is to the best of my knowledge true and correct.

Name (Block Letters):

Signature:

Position Held:

Date:

Please return your completed form to the City of Kalamunda:

Post: PO BOX 42 KALAMUNDA WA 6926

Email: sport@kalamunda.wa.gov.au