

50/50 Equipment Grant Application 2024/2025

Form Preview

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* indicates a required field

Grants are available for activities which contribute to an inclusive, safe and vibrant community.

Please read the [Community Grants Guidelines and Terms and Conditions](#) prior to completing the application form.

Applicants will be notified 6 weeks after grant closing date. Proposals must consider this timeframe.

Applicant Details

Applicant Type

- Not for Profit
- School
- Sports Club

Contact Details

Organisation Name

Organisation's ABN (If applicable)

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Operating Address

Address

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GST Registered *

- Yes
 No

Contact for Application

Contact Name *

First Name

Last Name

Position held

**Contact number
(business hours): ***

Email *

Activity Details

* indicates a required field

**Equipment/ Fixture
Name ***

**Approx Equipment/
Fixture Purchase Date ***

Must be a date

Amount requested *

Must be a dollar amount.

Up to \$5,000 with a matching cash contribution from applicant.

**Location of where the
equipment will be used**

Brief description *

Describe the equipment/ fixture to be purchased. Outline the activities where the items will be used including the frequency of use. Please explain how the equipment will meet the objectives outlined in the Community Grant Program Guidelines sections 12 or 13.

Group Beneficiaries

- Women
 Seniors

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- Children
- Youth
- Parents/ Families
- Culturally and Linguistically Diverse Communities (CaLD)
- Aboriginal Communities
- Other

Group Beneficiaries *

Describe the target audience and the number of people who will benefit. Describe the consultation/ activities undertaken to identify how you know the equipment/ fixture is needed.

Organisation's main activities

f) What are the main activities of your organisation? Please outline the skills/ experience of your organisation/ volunteers to deliver the proposal.

Activity Detail

* indicates a required field

Project Objectives

- Create opportunities for shared cultural and artistic expression
- Promote awareness and appreciation of Aboriginal culture and heritage
- Facilitate connections, learning and activities for all
- Build the capacity of your organisation to respond to identified community need
- Foster collaboration between groups, business and stakeholders
- Advocate and deliver opportunities for healthy activity and lifestyles
- Facilitate and partner to deliver a range of recreation and leisure services/ facilities
- Collaborate to ensure safe places and spaces for all
- Nurture connections between people and the places they share
- Advocate for and deliver well-managed natural areas supporting biodiversity and appropriate recreation
- Undertake activities to minimise and reuse waste
- Enhance the health of the Canning River, waterways and surrounding natural areas
- Reduce reliance on fossil fuels and optimise the use of natural resources

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- Raise awareness and engage with others to protect, respect and enjoy the natural environment
 - Promote and educate the community on sustainability and waste management practices
 - Proactively respond to the impacts of climate change
 - Promote social inclusion and equitable access to all
- Select one objective below which best align with your activity.

Describe how your equipment/ fixture will deliver the objective(s) you have selected above.

How will you promote your event to potential attendees and the Canning community?

- social media
- website
- media releases
- Newsletter
- Other

Website

Must be a URL.

Social Media URLs

Which suburbs will benefit from your activity/ event? *

- Bentley
- Canning
- Cannington
- East Cannington
- Ferndale
- Leeming
- Lynwood
- Queens Park
- Parkwood
- Riverton
- Rossmoyne
- Shelly
- St James
- Welshpool
- Willetton
- Wilson
- Other

List other suburbs (outside the city of Canning) if applicable

Will you need to make changes to any council owned facilities? e.g. Fixtures being installed in leased properties *

- Yes
 - No
 - I have attached email confirmation from City of Canning
- If yes, please include email confirmation from the City of Canning this change is approved for your application to be assessed.

Where will the items purchased with the grant be stored (if applicable)?

- Personal address
- City facility

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c) Sources of Funds

Please outline how you will pay for the items listed above (*total expenditure*)

Income	\$
City of Canning Grant	\$
Applicant contribution	\$
Other sources... Please list	\$
	\$
	\$

Will your activity generate any income where the equipment will be used e.g. event? If yes, how will this be reinvested into the Canning community? If you plan to charge participants to attend the funded activity, please indicate the cost.

Documentation Check List

* indicates a required field

Please note

Applicants are responsible for securing bookings, permissions, necessary insurances, and statutory compliances e.g., venue bookings, event, health and compliance, planning approvals. Each is to be obtained separately to this grant application through the appropriate section within the City of Canning.

Below is the documentation you are required to submit.

Please complete the [Grant Payment Request Form](#) and submit below.

Your proof of bank details could be a bank statement, letter or screenshot (of your banking app for example), that shows:

- Bank logo
- Name of account holder
- BSB
- Account number

Grant Payment Request Form

Attach a completed and signed Grant Payment Request from *

Attach a file:

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Bank Details

Attach copy of the bank statement header or screen shot confirming the bank account details *

Attach a file:

Quotes

Attach supplier issued quotations or screen prints for items of \$501 and greater

Attach Files:

Attach a file:

Public Liability Insurance

Attach a copy of your public liability insurance or your auspice organisation's liability insurance *

Attach a file:

Supporting Documents

supporting documents

Attach a file:

Declaration

* indicates a required field

I hereby certify that I am authorised to prepare and submit this application.

I have read, and agree to the Community Grant Program terms and conditions as outlined in the [Community Grant Program Guidelines](#).

The information contained herein is to the best of my knowledge true and correct.

Authorised Person's Name *

First Name

Last Name

Position held

Date of declaration *

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I confirm that I have read, and agree to the Community Grant Program Terms and Conditions *

yes