Community and Cultural Event Grant Application 2024/2025

* indicates a required field

Grants are available for activities which contribute to a Welcoming and Thriving

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.	Please read the <u>Community Gran</u> the application form.	nts Guidelines and Terms and Conditions prior to completing
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.	Applicants will be notified 6 wee timeframe.	ks after grant closing date. Proposals must consider this
□ 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.	Applicant Details	
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	Organisation's ABN (If applicable)	information. Click Lookup above to check that you have
		Information from the Australian Business Register

Information from the Australian Bus	iness 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		

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		
Event Name *		
Event start date *	Must be a date	
Event finish date	Must be a date	
Amount requested: *	\$ Must be a dollar amount. Up to \$10,000	
Location of event if different from operating address		
Brief activity description: *	Describe the event in detail and	for any goods and services you
	plan to purchase. Provide detail	

in the event. Please attach an event run sheet and additional

	detail unless provided below. Refer to the Community and Cultural Event grant listed in the Community Grant Program Guidelines (Section 10) and assessment criteria in (Section 17).
Are you planning to acknowledge the Traditional Custodians of Whadjuk Noongar Boodjar at your event with a Welcome to Country?	Yes (Please provide details)No
Name of provider	(Please include costs in budget 3a if required)
Group Beneficiaries	 □ Women □ Seniors □ Children □ Youth □ Parents/ Families □ Culturally and Linguistically Diverse Communities (CaLD) □ Aboriginal Communities □ Other
Group Beneficiaries *	
	Describe your target audience and the expected number of people at the event. Describe the consultation/ activities undertaken to identify how you know the event is wanted by the community.
Access and Inclusion	
	Please list the additional steps you will take to ensure equitable access, inclusion, and participation of people with a disability in this event. Include costs in the budget 3a
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 □ 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 □ Promote social inclusion and equitable access to all Select the objectives which best align with your activity. 	
How will you promote your event to potential attendees and the Canning community? Website	□ social media□ website□ media releases	□ Newsletter □ Other
	Must be a URL.	
Social Media URLs		
Which suburbs will benefit from your activity/ event? *	□ Bentley□ Leeming□ Canning□ LynwoodVale	□ Riverton□ Welshpool□ Rossmoyne□ Willetton

	☐ Canningto		□ Shelly	□ Wilson
	☐ EastCannington☐ Ferndale	Park □ Parkwood	☐ St James	□ 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 *	from City of O		firmation from th	ne City of Canning
Where will the items purchased with the grant be stored (if applicable)?	PersonalCity facili			
For equipment being stored at a personal address: please advise				
how other members will have access to the equipment				
For equipment being stored at a City facility: do you have permission				
to store the equipment at the outlined location?	Please confirm	arrangement e.ç	g lease, seasona	l hire etc.
Project Budget				
Applicants are responsible for seand statutory compliances e.g. v approvals. Each is to be obtained appropriate section within the City	enue bookings I separately to	s, event, health	and compliand	ce, planning
Items totalling \$501 and over mu	ust include a s	supplier-issued	quote/ screen ¡	orint.
Budget				
a) List each good or service t		\$		
purchased with the grant belonger \$501 and over without a quote assessed. List quote Reference number 1.00 per purchased with the grant belonger \$100.00 per purchased with \$100.00 per purchased with the grant belonger \$100.00 per purchased with \$100.00 per purchased wi	e will not be			
item		ф		

\$
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\$

Other Budget

b) List other goods and services to be contributed by applicant including inkind contributions or other funding.

or onior randing.	
	\$
	\$
	\$
	\$
	\$
	\$

Sources of Funds

c) 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? 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.

Please submit the following documentation:

• Download, complete and sign this **Grant Payment Request form**

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
- RSB
- Account number

Grant Payment Request Form

Attach a completed and signed Attach a file:	ed Grant Pa	yment Request form *
Actuell a life.		
Please click on the hyperlink under the complete the Grant Payment Reques		ation Check List tab (above) to download and Ibmit here.
Bank Details		
Attach copy of the bank state account details * Attach a file:	ment head	ler or screen shot confirming the bank
Quotes		
Attach supplier issued quotations	or screen p	rints for items of \$501 and greater
Attach Files:	Attach a file	e:
Public Liability Insurance		
Attach a copy of your public I liability insurance * Attach a file:	iability ins	urance or your auspice organisation's
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 <u>Community Grant Program Guidelines</u>.

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