

Volunteer Grant - Application Form 2024/2025

Form Preview

Volunteer Grant Application Form 2024/2025

* indicates a required field

The Community Grants Program provides grants for activities which contribute to a Welcoming and Thriving City.

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

Applicants will be notified of the outcome 4 weeks after receipt of the application.

Applicant Details

Applicant type *

- ☐ Individual
- ☐ group (unincorporated)
- ☐ Not for Profit
- ☐ School
- ☐ Sports Club

Contact Details

Name of Group or Organisation

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

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GST Registered *

- ☐ Yes
☐ No

Contact for Application

Contact Name *

First Name

Last Name

Position held

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

Email *

Training/ Development Opportunity

* indicates a required field

**Training/ Development
opportunity name ***

Activity date: *

Must be a date

Amount requested: *

\$

**Brief activity
description: ***

Outline the training opportunity you would like to provide for your volunteers. Please confirm the number of people attending, subject and dates. How will the training benefit your volunteers or organisation?

Group Beneficiaries

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

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Need response

How have you identified the need for this training opportunity?
This could include research, feedback, legislation etc.

Organisation's main activities

What are the main activities of your organisation?

Activity Detail

* indicates a required field

Select one objective below which best align with your activity. *

- ☐ 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
- ☐ Proactively respond to the impacts of climate change
- ☐ Promote social inclusion and equitable access to all

Where does your organisation operate

- | | | | |
|----------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Bentley | <input type="checkbox"/> Leeming | <input type="checkbox"/> Riverton | <input type="checkbox"/> Welshpool |
| <input type="checkbox"/> Canning | <input type="checkbox"/> Lynwood | <input type="checkbox"/> Rossmoyne | <input type="checkbox"/> Willetton |
- Vale

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within the City of Canning? *

- ☐ Cannington
- ☐ Queens Park
- ☐ Shelly
- ☐ Wilson
- ☐ East Cannington
- ☐ Parkwood
- ☐ St James
- ☐ Other
- ☐ Ferndale

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

Project Budget

Budget

a) List the training/ development opportunity to be funded by the grant \$

Items totalling over \$501 must include a supplier issued quote/ screen print	
	\$
	\$
	\$

Total Grant Request

\$

This number/amount is calculated.

Other Budget

b) List the activity to be paid for by the applicant e.g. additional training places \$

	\$
	\$
	\$

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	\$
	\$
	\$

Documentation Check List

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Please submit the following documentation:

- Download, complete and sign this [Grant Payment Request form](#)
- Screenprint confirming bank account details
- attached supplier issued quotations or screen prints for items of \$501 and greater

Missing documents will result in longer processing times

Use the following subject heading format to ensure all materials are assessed: **The official name (no acronyms) of your Club/Organisation-Volunteer Grant - Application - Month/ Year**

(e.g. Canning Ballroom Dance (Inc) – Volunteer Grant – Application – March 2024)

Grant Payment Request Form

Attach a completed Grant Payment Request form *

Attach a file:

Please click on the hyperlink under the Documentation Check List tab (above) to download and complete the Grant Payment Request form and submit here.

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:

Supporting Documents

supporting documents

Attach a file:

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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 *

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

☐ yes