### 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 <u>Community Grant Guidelines and Terms and Conditions</u> 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
- o 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 ( * indicates a required field	Opportunity			
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 attend subject and dates. How will the training benefit your volunteer or organisation?				
Group Beneficiaries	<ul> <li>□ Women</li> <li>□ Seniors</li> <li>□ Children</li> <li>□ Youth</li> <li>□ Parents/ Families</li> <li>□ Culturally and Linguistica (CaLD)</li> <li>□ Aboriginal Communities</li> <li>□ Other</li> </ul>	Illy Diverse Communities		

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. *	<ul> <li>○ Create opportunities for shared cultural and artistic expression</li> <li>○ Promote awareness and appreciation of Aboriginal culture and heritage</li> <li>○ Facilitate connections, learning and activities for all</li> <li>○ Build the capacity of your organisation to respond to identified community need</li> <li>○ Foster collaboration between groups, business and stakeholders</li> <li>○ Advocate and deliver opportunities for healthy activity and lifestyles</li> <li>○ Facilitate and partner to deliver a range of recreation and leisure services/ facilities</li> <li>○ Collaborate to ensure safe places and spaces for all</li> <li>○ Nurture connections between people and the places they share</li> <li>○ Advocate for and deliver well-managed natural areas supporting biodiversity and appropriate recreation</li> <li>○ Undertake activities to minimise and reuse waste</li> <li>○ Enhance the health of the Canning River, waterways and surrounding natural areas</li> <li>○ Reduce reliance on fossil fuels and optimise the use of natural resources</li> <li>○ Raise awareness and engage with others to protect, respect and enjoy the natural environment</li> <li>○ Promote and educate the community on sustainability and waste management practices</li> <li>○ Proactively respond to the impacts of climate change</li> <li>○ Promote social inclusion and equitable access to all</li> </ul>
Where does your organisation operate	<ul><li>□ Bentley</li><li>□ Leeming</li><li>□ Riverton</li><li>□ Welshpool</li><li>□ Canning</li><li>□ Lynwood</li><li>□ Rossmoyne</li><li>□ Willetton</li></ul> Vale

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within the City of Canning? *	<ul><li>□ Canningto</li><li>□ East</li><li>Cannington</li><li>□ Ferndale</li></ul>	n□ Queens Park □ Parkwood	<ul><li>☐ Shelly</li><li>☐ St James</li></ul>	<ul><li>□ Wilson</li><li>□ Other</li></ul>		
List other suburbs (outside the City of						
Canning) if applicable						
Project Budget						
Budget						
a) List the training/ developm opportunity to be funded by the state of the state o	the grant de a supplier  \$	5				
b) List the activity to be paid applicant e.g. additional train		•				
	9					
	4	)				
Sources of Funds						
c) Please outline how you will pay for the items listed above (total expenditure)						
Income	<u></u> \$	5				
City of Canning Grant	4	5				
Applicant contribution	\$					
Other sources Please list	\$	5				
	\$					
	9	5				

**Documentation Check List** 

### \* indicates a required field

Below is the documentation you are required to submit.

- Completed and signed Grant Payment Request form
- Screenprint confirming bank account details

Grant Payment Request Form

• 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)

Grane rayment request i	01111
Attach a completed Grant Pa Attach a file:	yment Request from *
Bank Details	
Attach copy of the bank state account details * Attach a file:	ement header or screen shot confirming the bank
Quotes	
Attach supplier issued quotations	s or screen prints for items of \$501 and greater
Attach Files:	Attach a file:
Supporting Documents	
supporting documents	

### Declaration

Attach a file:

\* 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		