### Welcoming and Thriving Grant Application 2024/2025

\* indicates a required field

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

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

| Organisation's ARN (If                                  |  |  |
|---|--|--|
| Organisation Name                                       |  |  |
| Contact Details   |  |  |
| Applicant Type  □ Not for Profit □ School □ Sports Club |  |  |
| Applicant Details                                       |  |  |
| timeframe.  |  |  |

### 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                                    | <u> </u>         |  |

| Operating Address | Address |  |
|-------------------|---------|--|
|                   |         |  |

| GST Registered *                      | <ul><li>○ Yes</li><li>○ No</li></ul>                           |           |
|---------------------------------------|--|-----------|
| Contact for Application               |  |           |
| Contact Name *                        | First Name   | Last Name |
| Position held                         |  |           |
| Position neid                         |  |           |
| Contact number<br>(business hours): * |  |           |
| Email *                               |  |           |
|                                       |  |           |
| Activity Details                      |  |           |
| * indicates a required field          |  |           |
|                                       |  |           |
| Activity Name *                       |  |           |
| Activity start date *                 |  |           |
| •                                     | Must be a date   |           |
| Activity finish date                  |  |           |
| Activity iiiiisii date                | Must be a date   |           |
|                                       | Trade se a date  |           |
| Amount requested *                    | \$<br>Must be a dollar amount.                                 |           |
|                                       | Up to \$10,000   |           |
| Location of event if                  |  |           |
| different from operating<br>address   |  |           |
| Brief activity description            |  |           |
| *                                     |  |           |
|                                       |  |           |
|                                       | Describe the project or program goods and services you plan to |           |

sufficient detail to ensure a full understanding of your proposal.

|  | Describe any partners and their involvement in your proposal. Please attach a program outline and additional detail unless provided below. Refer to the Welcoming and Thriving grant listed in the Community Grant Program Guidelines (Section 9) and assessment criteria in (Section 17). |  |  |
|--|--|--|--|
| Are you planning<br>to acknowledge the<br>Traditional Custodians<br>of Whadjuk Noongar<br>Boodjar at your event<br>with a Welcome to<br>Country? | <ul><li>Yes ( Please provide details)</li><li>No</li></ul>   |  |  |
| Name of provider   |  |  |  |
|  | (Please include costs in budget 3a if required)  |  |  |
| Group Beneficiaries  | <ul> <li>□ Women</li> <li>□ Seniors</li> <li>□ Children</li> <li>□ Youth</li> <li>□ Parents/ Families</li> <li>□ Culturally and Linguistically Diverse Communities</li> <li>(CaLD)</li> <li>□ Aboriginal Communities</li> <li>□ Other</li> </ul>   |  |  |
| Group Beneficiaries *  |  |  |  |
|  | Describe your target audience and the number of people who will participate or benefit. Describe the consultation/ activities undertaken to identify how you know the project is needed.   |  |  |
| 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  | <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> <li>Select one objective below which best align with your activity.</li> </ul> |  |
|---|---|--|
| How will you promote your event to potential attendees and the Canning community? | <ul><li>□ social media</li><li>□ website</li><li>□ media releases</li></ul>   | <ul><li>□ Newsletter</li><li>□ Other</li></ul>   |
| Website   | Must be a URL.  |  |
| Social Media URLs   |   |  |
| Which suburbs will benefit from your activity/ event? *                           | <ul><li>☐ Bentley</li><li>☐ Leeming</li><li>☐ Lynwood</li><li>Vale</li></ul>  | <ul><li>□ Riverton</li><li>□ Welshpool</li><li>□ Rossmoyne</li><li>□ Willetton</li></ul> |

|   | ☐ Canningto ☐ East Cannington ☐ Ferndale           | n□ Queens<br>Park<br>□ Parkwood    | <ul><li>☐ Shelly</li><li>☐ St James</li></ul> | <ul><li>□ Wilson</li><li>□ Other</li></ul> |
|---|--|------------------------------------|---|--|
| List other suburbs<br>(outside the city of<br>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 C                                     |                                    | firmation from th                             | ne City of Canning                         |
| Where will the items purchased with the grant be stored (if applicable)?  | <ul><li>Personal a</li><li>City facility</li></ul> |                                    |   |  |
| 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.g                    | g lease, seasonal                             | hire etc.                                  |
| Project Budget  |  |                                    |   |  |
| Applicants are responsible for se<br>and statutory compliances e.g. v<br>approvals. Each is to be obtained<br>appropriate section within the Circumstance | enue bookings<br>I separately to<br>ty of Canning. | , event, health<br>this grant appl | and complianc<br>ication through              | e, planning<br>n the                       |
| Items totalling \$501 and over mu   | <b>ıst</b> include a s                             | upplier-issued (                   | quote/ screen p                               | orint.                                     |
| Budget  |  |                                    |   |  |
| a) List each good or service t  |  | 5                                  |   |  |
| purchased with the grant bel<br>Items \$501 and over without a quote  | e will not be                                      |                                    |   |  |
| assessed. List quote Reference num item   |  |                                    |   |  |
|   | 10   |                                    |   |  |

| \$ |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |

### Other Budget

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

| \$ |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |

#### c) Sources of Funds

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

| Income                    | <b>\$</b> |  |
|---------------------------|-----------|--|
| 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.

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 Grant Pay<br>Attach a file:                       | ment Requ    | uest from *                            |
|--|--------------|--|
| 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  | orints for items of \$501 and greater  |
| Attach Files:  | Attach a fil | e:                                     |
| Public Liability Insurance   |              |  |
| Attach a copy of your public li liability insurance * Attach a file: | iability ins | urance or your auspice organisation's  |
| Supporting Documents   |              |  |
| supporting documents<br>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<br>Name *   | First Name | Last Name |  |
|---|------------|-----------|--|
| Position held   |            |           |  |
| Date of declaration *   |            |           |  |
| I confirm that I have<br>read, and agree to<br>the Community Grant<br>Program Terms and<br>Conditions * | o yes      |           |  |