# Youth Grant Application 2024/2025

#### \* indicates a required field

#### Grants are available for activities that will encourage social and civic participation of young people.

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		

Must be an ABN

**Operating Address** 

Address

# Youth Grant Application 2024/2025 Form Preview

GST Registered *	<ul><li>Yes</li><li>No</li></ul>	
Contact for Application		
Contact Name *	First Name	Last Name
Position held		
Contact number (business hours): *		
Email *		
Activity Details		
* indicates a required field		
Activity Name *		
Activity start date *	Must be a date	
Activity finish date	Must be a date	
Amount requested *	<b>\$</b> Must be a dollar amount. Up to \$5,000	
Location of event if different from operating address		
Brief activity description *		
	Describe the project or program goods and services you plan to social and civic participation of	purchase that will encourage

sufficient detail to ensure a full understanding of your proposal. Describe any partners and their involvement in your proposal. Refer to the Youth grants listed in the Community Grant Program Guidelines (Section 13) and assessment criteria in (Section 17).

#### **Project's objectives**

Please outline how your proposal will lead to either increased skills, empowerment and / or resilience of young people in Canning.

#### **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 number of young people who will participate. Please outline the consultation/ planning activities that have been undertaken with young people as part of the development of this proposal

#### **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

5 1 7
stakeholders
□ Advocate and deliver opportunities for healthy activity and lifestyles
□ Facilitate and partner to deliver a range of recreation and leisure services/ facilities
<ul> <li>Collaborate to ensure safe places and spaces for all</li> <li>Nurture connections between people and the places</li> </ul>
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
<ul> <li>Reduce reliance on fossil fuels and optimise the use of</li> </ul>
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
<ul> <li>Proactively respond to the impacts of climate change</li> <li>Promote social inclusion and equitable access to all</li> </ul>

identified community need

Select one objective below which best align with your activity.

□ Newsletter

□ Build the capacity of your organisation to respond to

□ Foster collaboration between groups, business and

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

your event to potential attendees and the Canning community?	<ul> <li>website</li> <li>media releases</li> </ul>	□ Other
Website		
	Must be a URL.	
Social Media URLs		
Which suburbs will benefit from your activity/ event? *	<ul> <li>□ Bentley</li> <li>□ Leeming</li> <li>□ Canning</li> <li>□ Lynwood</li> <li>Vale</li> </ul>	•
	Cannington Queens Park	Shelly     Wilson

□ social media

East

Cannington □ Ferndale

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

Will you need to make changes to any council  $\Box$  Yes  $\Box$  No  $\Box$  I have attached email confirmation from City of Canning

□ Parkwood □ St James

□ Other

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owned facilities? e.g. Fixtures being installed in leased properties \*

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

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? If yes, please include email confirmation from the City of Canning this change is approved for your application to be assessed.

- Personal address
- City facility



### **Project Budget**

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.

Items totalling \$501 and over **must** include a supplier-issued quote/ screen print.

#### Budget

a) List each good or service to be purchased with the grant below	\$
Items \$501 and over without a quote will not be assessed. List quote Reference number next to item	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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	\$
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
- BSB
- Account number

#### Grant Payment Request Form

Attach a completed and signed 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:

#### 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

**Conditions \*** 

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	⊖ yes		