



**APPLICATION FOR
COMMUNITY GRANT – LEVEL 2**

\$0 - \$1,000

FORM 115 (B)

Date stamp

Please indicate which of the following objectives your project or activity will achieve:

- Foster the distinctiveness of places through the personalisation of community areas
- Activate public spaces
- Build the skills and capacity of the community
- Leave a lasting positive impact on the community
- Promote accessibility and inclusivity for all members of the community
- Empower groups to be proactive in the community

Part 1 Applicant Details

Applicant/Organisation Name

Postal Address

Name of Contact Person

Email

Phone

Mobile

Are you incorporated?

NO – Can you approach an Incorporated group to action your request?

YES

Part 2 Information about your Organisation

What are the main services and/or activities of your organisation?

Provide list of committee members and contact details

Have you previously received funding from the Shire of Dardanup Community Grants Scheme?

 NO YES; please provide details below:

What Year?

Amount approved \$

Have you successfully acquitted the funds?

 NO YES

Part 3 Grant Application Details

What are the proposed funds being used for? *(Be specific how you will be using the funds and give as much detail as possible)*

Provide address / project location *(if applicable)*

Expected Start Date:

Expected Completion Date:

How will the funds benefit the Shire of Dardanup community? *(Be specific and give as much detail as possible)*

\$

Part 4 Budget

TOTAL PROJECT COST

\$

GRANT REQUEST AMOUNT

Council Contribution (grant funds requested in this application, up to \$1,000 + GST if registered)

\$

TOTAL

\$

Part 5 Expenditure please detail each item

Item	Amount
EXPENDITURE	\$

Part 6 Checklist

- All boxes filled in with as much detail as possible
- Budget complete
- Quotes attached
- I meet the eligibility criteria detailed in CP044 Community & Events Grant Policy.

Part 7 Undertakings and Conditions

If a grant is provided the organisation/individual agrees to the following conditions:

1. The grant must be used for the purpose for which it was given and must be expended within the financial year granted, unless otherwise agreed in writing by the Shire of Dardanup.
2. Copies of receipts or invoices, certified by the Chairperson, or delegated officer as true copies of originals, to support expenditure will be returned to the Shire of Dardanup along with the grant acquittal within 3 months of completion.
3. Any unexpended funds will be returned to the Shire of Dardanup within 3 months of payment of the grant, unless otherwise agreed in writing by the Shire of Dardanup. *Please contact Shire of Dardanup Grants officer to discuss prior to returning funds.*
4. If there is to be any delay in the expenditure of the grant, a written request will be made seeking approval for the extension of time.
5. A grant will not be approved for a development/project/request that has been commenced / completed. *No retrospective funding will be provided in any circumstances.*
6. Any special conditions that are attached to the grant must be met.
7. All relevant records will be kept for a period of 7 years and will be made available for audit at any time.
8. The Shire of Dardanup will be acknowledged in any publications or media coverage for its support. Any use of the Shire of Dardanup's logo must be approved before being distributed.
9. Your development/project/request should be discussed with the Shire of Dardanup prior to applying.
10. If satisfactory acquittal is not submitted no further grants will be made available to the group.

Please note:

- ❖ Keep a copy of your application for your own record.
- ❖ A Shire Officer will contact you if more information is required.
- ❖ All applicants are advised in writing of the outcome.
- ❖ Applications are processed in the order in which they are received.
- ❖ Assessment will take a minimum of one month.

Part 8 Declaration

I, the undersigned, certify that I have been authorised to:

- submit this application, and;
- accept the undertakings and conditions of the application as described in Part 7.

I also acknowledge that the information contained herein and attached is to the best of my knowledge true and correct.

Applicant/Organisation Name

Contact Person (if not Applicant)

Position

Signature

Date

Part 9 Return form to

Shire of Dardanup
1 Council Drive/PO Box 7016
EATON WA 6232

Phone: (08) 9724 0000 Fax: (08) 9724 0091
Email: records@dardanup.wa.gov.au

