

# Major Grant - Application

## Form Preview

### Before You Apply - Important Information

\* indicates a required field

The **City of Rockingham provides funding to incorporated not-for-profit organisations and associations, or organisations limited by guarantee, that are based in, or deliver services to, the Rockingham community.**

**The City supports events that provide a clear benefit to the local community.**

**Before applying, please note:**

- Major Grant applications must be submitted at least 60 business days before the proposed program, project, initiative or event.
- The activity must take place within the City of Rockingham local government area.
- Organisations cannot receive funding for the same program, project, initiative or event within the same financial year.
- Applications will not be assessed until all required information and supporting documents have been provided.

Supporting documents may include (but are not limited to):

- Quotes for proposed expenditure
- Latest endorsed financial statements
- Current insurance documents
- Copy of the latest meeting minutes confirming approval to apply

**Important: If your project or event is scheduled to commence within 60 business days of submitting a complete application, the application will be considered ineligible.**

### Before You Submit Your Application

Before completing the application, you must ensure that you have:

- Read the Community Grants Program Guidelines, including all eligibility and ineligibility criteria (Section 2)
- Discussed your application with the Community Grants Officer prior to submission (this applies even if you have previously received funding)
- Successfully acquitted any previous grants (*Note: Applications may be rejected if acquittals are outstanding or submitted at the same time*)
- Obtained quotes for all expenses you are seeking funding for

**I confirm that I have read and agree to the above statement \***

Yes

No

# Major Grant - Application Form Preview

## Applicant Details

\* indicates a required field

### Organisation Name \*

Organisation Name

### Applicant Admin Contact

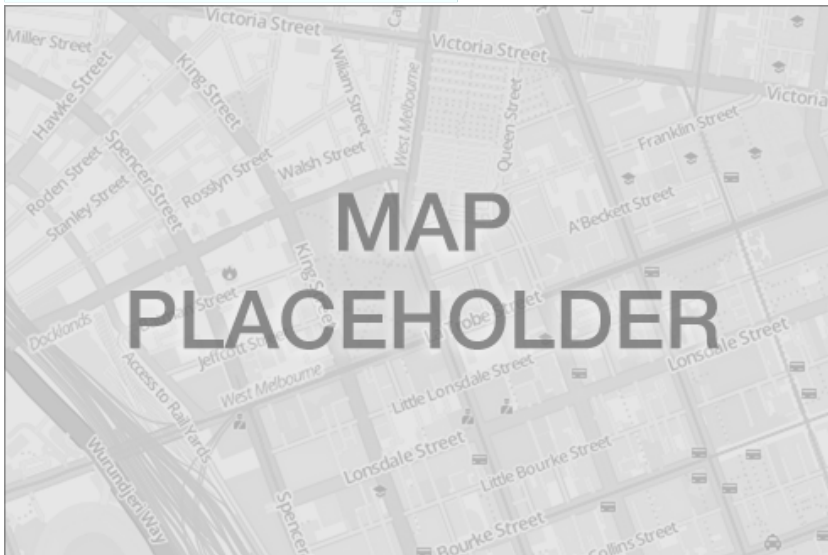
First Name

Last Name

### Applicant Position

### Organisation's Primary Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Organisation's Postal Address \*

Address

# Major Grant - Application

## Form Preview

### Organisation's Primary Phone Number \*

Must be an Australian phone number.

### Organisation's Primary Email \*

Must be an email address.

### Organisation's Primary Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

### Does the organisation have an ABN?

Yes

No

### Upload a copy of your Statement by Supplier

Attach a file:

### Organisation's ABN

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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

## Organisation Details

# Major Grant - Application

## Form Preview

\* indicates a required field

**Is the organisation incorporated? \***

Yes

No - You are still eligible to apply via an auspicing body. Please complete the Auspice section.

**Incorporation Certificate \***

Attach a file:

**Public Liability Insurance \***

Attach a file:

**Financial Statements (latest copy that have been endorsed by the last Annual General Meeting) \***

Attach a file:

**Upload a copy of the most recent meeting minutes confirming the committee's agreement to apply for the funding. \***

Attach a file:

**Does the organisation have a copy of the constitution? \***

Yes

No

**Please upload copy of the constitution \***

Attach a file:

**Please provide a website to view the constitution \***

Tell us about the organisation

**When was the organisation established? \***

**Number of current members \***

# Major Grant - Application Form Preview

**What is the organisation's vision/purpose? \***

## Previous City Funding Received

**Has the organisation previously received funding from the City of Rockingham? \***

Yes  No

| Amount                   | Date of funding      | Name of Event/<br>Program     | Acquittal Status                      |
|--------------------------|----------------------|-------------------------------|---------------------------------------|
| Must be a dollar amount. | Must be a date.      | Name of the Event/<br>Program | What is the status of this<br>funding |
| <input type="text"/>     | <input type="text"/> | <input type="text"/>          | <input type="text"/>                  |
| <input type="text"/>     | <input type="text"/> | <input type="text"/>          | <input type="text"/>                  |
| <input type="text"/>     | <input type="text"/> | <input type="text"/>          | <input type="text"/>                  |

## Auspice Organisation

\* indicates a required field

**Auspice - Organisation Name \***

Organisation Name

**Applicant Admin Contact**

First Name Last Name

**Auspice ABN \***

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  |

# Major Grant - Application

## Form Preview

|                            |                                  |
|----------------------------|----------------------------------|
| Entity type                |                                  |
| Goods & Services Tax (GST) |                                  |
| DGR Endorsed               |                                  |
| ATO Charity Type           | <a href="#">More information</a> |
| ACNC Registration          |                                  |
| Tax Concessions            |                                  |
| Main business location     |                                  |

Must be an ABN.

### **Auspice Position \***

### **Auspice Primary Address \***

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### **Auspice Primary Phone Number \***

Must be an Australian phone number.

### **Auspice Postal Address \***

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### **Auspice Primary Email \***

Must be an email address.

### **Auspice Primary Bank Account \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

### **When was the organisation established? \***

### **Number of current members \***

# Major Grant - Application

## Form Preview

**What is the organisation's purpose/vision? \***

Word count:

**Incorporation certificate \***

Attach a file:

**Public Liability Insurance \***

Attach a file:

**Financial Statements (latest copy that have been endorsed by the last Annual General Meeting) \***

Attach a file:

**Please upload copy of Letter of Support for Auspice Arrangement \***

Attach a file:

Previous City Funding Received

**Has the organisation previously received funding from the City of Rockingham? \***

Yes

No

| Amount                   | Date of funding | Name of Event/<br>Program | Acquittal Status                  |
|--------------------------|-----------------|---------------------------|-----------------------------------|
| Must be a dollar amount. | Must be a date. | Name of Event/Program     | What is the status of the funding |
|                          |                 |                           |                                   |
|                          |                 |                           |                                   |
|                          |                 |                           |                                   |

## Project Details

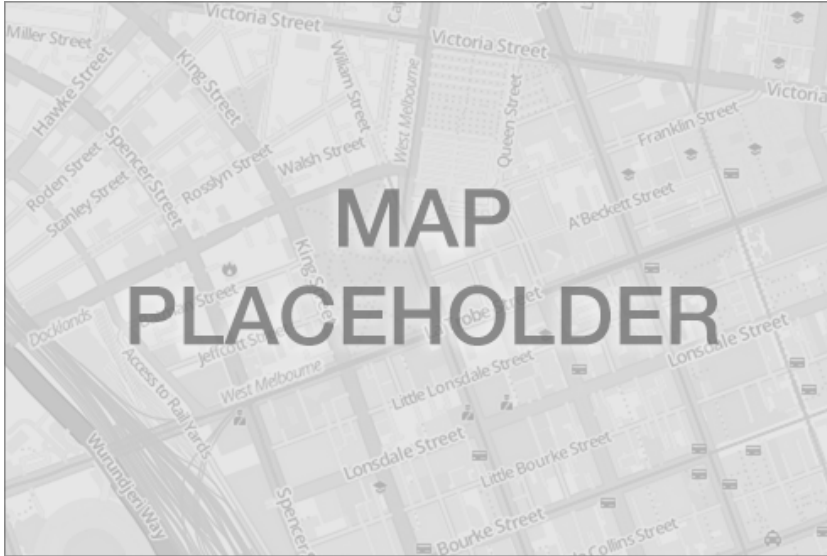
\* indicates a required field

# Major Grant - Application Form Preview

**Title of the program, project, event or activity \***

**Location \***

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**What date will the event take place OR state the start date \***

Must be a date.

**What date will it end**

Must be a date.

**Start time \***

**Finish time \***

**Which of the following Community Grants Program target areas best represents the benefits and outcomes of your program, project, event or activity (select one option) \***

- Community Development     Culture and the Arts     Environment and Heritage  
 Economic Development     Sport and Recreation     Emergency Services

**Is this a new program, project, event or activity? \***

- Yes     No

# Major Grant - Application

## Form Preview

**How many years has the event been running? \***

Must be a number.

**Why is the organisation running this project? If it's new, explain why it's needed. If it's been held before, provide the history. \***

**Please describe your program, project, event or activity. Include: what you will deliver, who it is for, why it is needed, and how it aligns with the selected target area.**

**What specific community needs will this project address? \***

Explain what's missing in the community and how your project helps fill that gap.

**How will this be promoted or advertised to the community? (Examples: We'll promote the event on local Facebook pages and through partner groups. Volunteers will help with setup and running activities.) \***

How will they take part?

**Estimate number of attendees/beneficiaries \***

Must be a number.

**How many volunteers will be involved? \***

Must be a number.

Volunteer hours should be included as an in-kind contribution in your budget.

**Who is the primary target audience? \***

# Major Grant - Application

## Form Preview

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wider community        | <input type="checkbox"/> Culturally and linguistically diverse people | <input type="checkbox"/> Adults 25 - 59 years   |
| <input type="checkbox"/> People with disability | <input type="checkbox"/> Early years 0 - 4 years                      | <input type="checkbox"/> Older people 60+ years |
| <input type="checkbox"/> First Nations people   | <input type="checkbox"/> Children 5 - 11 years                        | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> People at Risk         | <input type="checkbox"/> Young people 12 - 24 years                   |   |

**If other please specify**

**Please list short term benefits \***

\*

Must be three (3) provided

\*

**Please list long term benefits \***

\*

\*

Must be three (3) provided

**How would you describe the organisation's experience in delivering this type of project or event? \***

- No experience - this will be our first time
- Some experience - we've delivered similar projects or smaller events
- Experienced - we've successfully delivered this type of project before
- Very experienced - we regularly deliver similar projects or events

## 20. Partnerships and collaboration:

**Is the organisation collaborating or partnering with any other organisations or stakeholders? \***

- Yes  No

Describe any partnerships or collaborations with other organisations or stakeholders for this project (do not include parties that will be getting paid).

# Major Grant - Application

## Form Preview

**Name of local business, service, organisation, local not-for-profit**

**State what their role is:**

|  |   |
|--|---|
|  | (in the lead up to the event or program or on the day of the event/program) |
|  |   |
|  |   |
|  |   |

**Is this project, event or activity ongoing? \***

Yes

No

**If ongoing, how will this project be sustained after funding ends? \***

### Accessibility

**How will the organisation ensure the project will be accessible and inclusive, including for people with disability? \***

Word count:

Describe any specific measures you will put in place (e.g. accessible venue, parking, Auslan interpreters, captioning, accessible formats, sensory considerations, financial accessibility).

### City Recognition

**How will the City be acknowledged if successful? \***

Display of the City's logo on flyers

Media (e.g. newspapers, television and/or radio acknowledgement)

City Banners (complete banner form)

Verbal acknowledgement (e.g. speech/presentation)

Signage

Written acknowledgement (e.g. newsletter)

Social media

Other

Website

**If selected other please state**

**Is this an outdoor event? \***

Yes

No

# Major Grant - Application

## Form Preview

### Has the organisation applied for, or received, the Outdoor Event approval from the City's Health Services?

- Approved (attach approval letter below)
- Submitted - approval pending
- Not yet submitted
- Unsure - I will contact the City's Health Services team to confirm requirements

### Upload outdoor event approval documentation or confirmation of submission \*

Attach a file:

## Financials

\* indicates a required field

### Budget Template - Required

All applicants must use the City's Major Grant Budget Template.

Please download copy of the Budget Template from the web page (under the Supporting Documents tab)

Before uploading, please ensure that:

- All income and expenditure for the entire event must be fully itemised, not only the items being requested from the City.
- Major costs are supported by quotes or estimates
- GST must be clearly identified and consistent with your organisation's ABN/GST status
- Total income equals total expenditure

Incomplete or incorrectly completed budgets may result in the application being deemed ineligible.

### Upload your completed Major Grant Budget Template \*

Attach a file:

Only budgets submitted using the City's template will be accepted.

### Have you sourced funding from elsewhere? \*

- Yes
- No

Other funding sources:

**Funding Agency**

**Is this funding confirmed? Amount**

# Major Grant - Application

## Form Preview

|  |  |   |
|--|--|---|
|  |  | Enter the total amount expected to be received.<br>Must be a dollar amount. |
|  |  |   |
|  |  |   |
|  |  |   |

**Are any individual items requested from the City over \$500 (excluding GST)**

Yes

No

Upload quotes

**Upload all quotes for items over \$500 \***

Attach a file:

## Conflict of Interest and Declaration

\* indicates a required field

Conflict of Interest

**Is any member of the organisation's committee, management committee, or board employed by, or financially associated with, an organisation that may benefit from this grant if successful? \***

Yes

No

**If yes please state the nature of this interest below:**

## Applicant Declaration

\* indicates a required field

By submitting this application, I confirm that:

- I am authorised to submit this application on behalf of the organisation.
- The information provided in this application and supporting documents is true, accurate and complete to the best of my knowledge.
- The organisation has no outstanding acquittals with the City of Rockingham and has disclosed all previous City funding.
- The organisation will notify the City of Rockingham in writing of any material changes that may affect this application or the approved project.

# Major Grant - Application

## Form Preview

- The organisation has read and understood the Community Grants Program Guidelines and agree to comply with all funding conditions if successful.
- I understand that providing false or misleading information may result in the application being declined, funding withdrawn, or funds required to be repaid.
- I acknowledge that the City of Rockingham's funding decisions are final and not subject to appeal.

**I confirm that this declaration is true and correct at the time of submission. \***

Yes

### **Applicant Details \***

First Name

Last Name

### **Position Title \***

### **Organisation Name \***

Organisation Name

\*

Must be a date.