

City of Kalamunda SPORT AND COMMUNITY DEVELOPMENT FUNDING PROGRAM

Funding Round 1 (1 October – 30 November) Funding Round 2 (1 February – 31 March)

Funding Category (please tick one box only)

Sport and Recreation **up to \$1000** **Community Development** **up to \$1000**

Conditions of Funding:

Should financial assistance be provided, the Organisation agrees to the following conditions:

1. The financial contribution from the City of Kalamunda is not retrospective. Application forms must be submitted prior to event/project/construction; reimbursement will not be given to groups if the project commences or is completed prior to City approval.
2. The financial assistance will be used only for the purpose for which it was given, unless otherwise agreed in writing by the City of Kalamunda.
3. The City of Kalamunda will be advised of any change in the project outlined in the Organisation's original financial assistance application before the project is progressed.
4. The Organisation recognises that on some occasions, if financial assistance is approved, special conditions may be specified in the letter of approval. In this case, organisations will be required to agree in writing to these conditions before the financial assistance can be made.
5. The Organisation must return any unexpended funds to the City of Kalamunda within three (3) months of the financial assistance being made available, unless otherwise agreed in writing by the City of Kalamunda.
6. The Organisation will acknowledge City of Kalamunda's sponsorship in all public communications and place the City of Kalamunda's logo on any signs, banners and printed material relating to the project.
7. The Organisation will provide a full acquittal of all funds on the forms provided within three (3) months from the date of completion of the project.

1. APPLICANT DETAILS:

Name of Organisation: _____

Contact Person Mr/Mrs/Miss/Ms/ First Name: _____ Surname: _____

Street address: _____ P/Code: _____

Postal address: _____ P/Code: _____

Telephone: _____ Email: _____

Incorporated: Yes No Year of Incorporation: _____

If Yes, please attach a copy of your Certificate of Incorporation.

ABN _____ Registered for GST: Yes No

Does your group have Public Liability Insurance? Yes No

What is your current membership?		Juniors Under 18 years		Over 18 years	
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Is your group able to manage and be accountable for the funding if successful?

Yes No

Have you received funding from the City of Kalamunda in the last twelve months?

Yes No

If you answered yes, please provide details:

Does your organisation have a bank account? Yes No

BSB number	Account Number	Account Name

2. PROPOSED PROJECT DETAILS:

Project Title: _____

Date of Commencement: _____ Date of Completion: _____

Project Description

Please describe your project in detail.

3. PROJECT JUSTIFICATION:

How have you identified the need for your project? _____

How will you know if your project has been a success (Performance indicators)?

4. COMMUNITY BENEFIT:

Describe how your project will benefit the community. _____

Who will benefit from your project? _____

How many people will benefit from your project? _____

5. CONSULTATION:

Have you consulted with the City of Kalamunda about your application? _____

Have you consulted with other organisations who may be affected or who could support you on this project? Yes No

If you answered yes, please give the names of such organisations: _____

Please attach any letters of support from other community groups.

6. ACCESS AND INCLUSION:

The City of Kalamunda is committed to ensuring that the community is accessible for and inclusive of everyone including people with disabilities, their families and carers.

What provisions have you made within your project to ensure access and opportunity for all?

7. FUNDING:

Please indicate in the table below how your project will be funded. In terms of total project cost, you should make an allowance for cost increases over the period of the project as it is not possible to receive additional funding to meet that cost once the project has been approved.

Funding Source	Cost \$ (GST Inc)	Notes
Applicant's Cash		How much cash will your organisation contribute?

Voluntary Labour		The value of voluntary labor associated with your project.
Donated Materials		The value of donated materials you expect to secure.
Sponsorship requested from the City of Kalamunda		How much money are you requesting from the City of Kalamunda?
Other sponsorship		How much sponsorship have you secured from sources other than the City of Kalamunda?
Other		Any other funding that you have secured for your project.
Total Project Cost	\$	

PROJECT BUDGET

Item (e.g. Advertising)	Cost \$ (GST Inc)
1.	
2.	
3.	
4.	
5.	
6. Voluntary Labour	
7. Donated Materials	
Total Project Cost	\$

For significant goods or services you intend to purchase or hire, please attach a copy of the quote to your application

8. **CHECKLIST:**

Please check your application against the table below and ensure all relevant criteria have been completed. If any criteria have not been completed, please supply a brief comment stating the reasons.

Criteria	Yes	No	Comments If applicable
Have you discussed this project with a City Officer?			
Have you read the 'Community Funding Program Information Pack?			
Have you enclosed a copy of your Certificate of Incorporation?			
Have you enclosed a copy of your Public Liability Insurance?			
Have you completed the budget and attached details as outlined in the application form?			
Have you enclosed a copy of the quote from a supplier/ service provider?			
Has the application been endorsed by your organisations committee?			
Have you consulted with community groups and individuals affected by the project?			
Have you enclosed letters of support from other community groups?			

9. DECLARATION:

I hereby certify that I have been authorised to prepare and submit this application. The information contained herein is to the best of my knowledge true and correct.

Name [Block Letters]			
Signature			
Position Held		Date	

Office Use Only					
Date Received		Date Processed		Date Approved	
Amount Approved		Acquittal Due		Acquittal Received	
Signature					