

# Participation Application

## Form Preview

### Eligibility

\* indicates a required field

#### Program

This field is read only.

#### Applicants: please note

Before completing this application form, you should have read the program Grants and Sponsorship Guidelines: <https://www.eastpilbara.wa.gov.au/our-community/grants-funding/community-assistance-grant.aspx>

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Prior to competing your application, please contact the Coordinator Grants and Partnerships at the Shire of East Pilbara on (08) 9175 8000 to discuss your application.

If you do contact us throughout the application process, please quote the application number below:

#### Application Number

This field is read only.

#### Confirmation of Eligibility

##### I confirm that the applicant ...

- Has read and understands the Grants and Sponsorship guidelines
- Is able to demonstrate alignment between their project and the aims of this program
- Resides, operates or provides a service that directly benefits people within the Shire of East Pilbara
- Have no outstanding debts or acquittals with the Shire
- Use funding solely for the purposes outlined by the Shire in the agreement
- Has spoken to the Coordinator Grants and Partnerships at the Shire of East Pilbara in regards to their application

##### Please select below: \*

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

# Participation Application

## Form Preview

### Contact Details

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to **{{ Grantmakers: insert hyperlink to your privacy statement }}**

### Applicant Details

\*

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

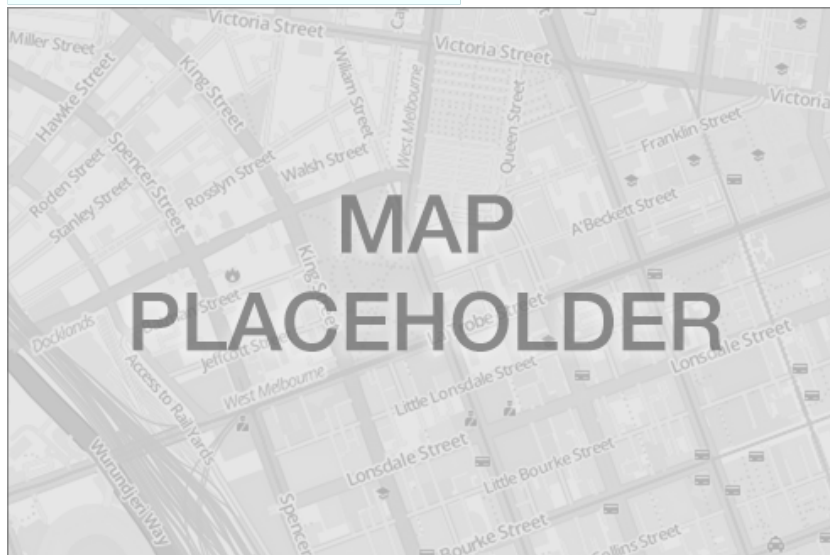
<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

### Applicant primary address

Address

<input type="text"/>
<input type="text"/>



### Applicant postal address

Address

# Participation Application

## Form Preview

**Applicant primary phone number \***

Must be an Australian phone number.

**Applicant email address \***

Must be an email address.

### Primary Contact Details

**Primary contact \***

Title

First Name

Last Name

This is the person we will correspond with about this grant.

**Position held in organisation**

e.g., Manager, Board Member or Fundraising Coordinator.

**Primary contact primary phone number \***

Must be an Australian phone number.

**Primary contact office phone number**

Must be an Australian phone number.

**Primary contact email address \***

This is the address we will use to correspond with you about this grant.

### Organisation Funding

#### Previous funding

**Has your organisation previously received funding from the Shire of East Pilbara?  
If yes, please complete the below table.**

- ☐ Yes  
☐ No

#### Previous Shire funding received

Year	Amount recieved	Purpose of Funding
------	-----------------	--------------------

# Participation Application

## Form Preview

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

## Participation Details

### Participation Activity:

Provide a name for your project/program/initiative. Your title should be short but descriptive

### In what area is your Participation Activity?

- ☐ Arts
- ☐ Culture
- ☐ Sports
- ☐ Education
- ☐ Social Development
- ☐ Inclusion
- ☐ Other:

### Participation Activity Provider

Organisation Name

Who is delivering the training

### Provider Phone Number

Must be an Australian phone number.

### Provider Email

Must be an email address.

### Location of Activity

Activity Start date

Activity End date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

# Participation Application

## Form Preview

Location of Activity

**Please explain what you are requesting funding for**

Word count:

(Maximum 500 word count) Eg. what training will be delivered, what the applicant will gain by attending

**How will the Shire of East Pilbara be acknowledged? (Please tick those applicable)**

- ☐ Logo on promotional materials
- ☐ Named as presenting partner
- ☐ Banners on display during activity
- ☐ Opportunity to present an award or speech
- ☐ Radio acknowledgement
- ☐ Media acknowledgement
- ☐ Other:

## Budget

**Total Amount Requested**

\$

What is the total financial support you are requesting in this application?

**Total Project/Program Cost**

\$

What is the total budgeted cost (dollars) of your project?

## Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

# Participation Application

## Form Preview

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	
Eg, Funding from other sources, revenue from participant fees				

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	
			Please describe expenditure item

### Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

**Please attach quotes for those expenditure (cost) items over \$200**

Attach a file:

### Certification and Feedback

\* indicates a required field

#### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify:**

# Participation Application

## Form Preview

- That to the best of my knowledge the statements made within this application are true and correct
- I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval
- I acknowledge that I am authorised to make this application on behalf of the Organisation
- I have attached a copy of the Organisations Public Liability Insurance
- I have provided quotes for any budget items over \$200
- I acknowledge that I may be required to supply further information prior to consideration of this application by the Shire of East Pilbara
- I give permission for the Shire of East Pilbara to promote this grant as part of any communications and public relations activities
- If applying for in-kind support, relevant information is attached (eg. booking form, email evidence)
- I have spoken with the Coordinator Grants and Advocacy at the Shire of East Pilbara prior to making this application

I agree \*

☐ Yes

☐ No

Name of authorised person \*

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position \*

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number \*

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email \*

Must be an email address.

Date \*

Must be a date

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did it take you to complete this application? \*

# Participation Application

## Form Preview

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**