

Sponsorship 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 Advocacy 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
- Be registered as a not-for-profit body or registered charity within the Australian Charities and not-for-profit Commission
- Use funding solely for the purposes outlined by the Shire in the agreement
- Must be able to provide a current Australian Business Number (ABN) and current Public Liability Insurance for duration of the funding term
- Has spoken to the Coordinator Grants and Advocacy at the Shire of East Pilbara in regards to their application

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Please select below: *

☐ Yes

☐ No

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

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 <https://www.eastpilbara.wa.gov.au/privacy.aspx>

Organisation Details

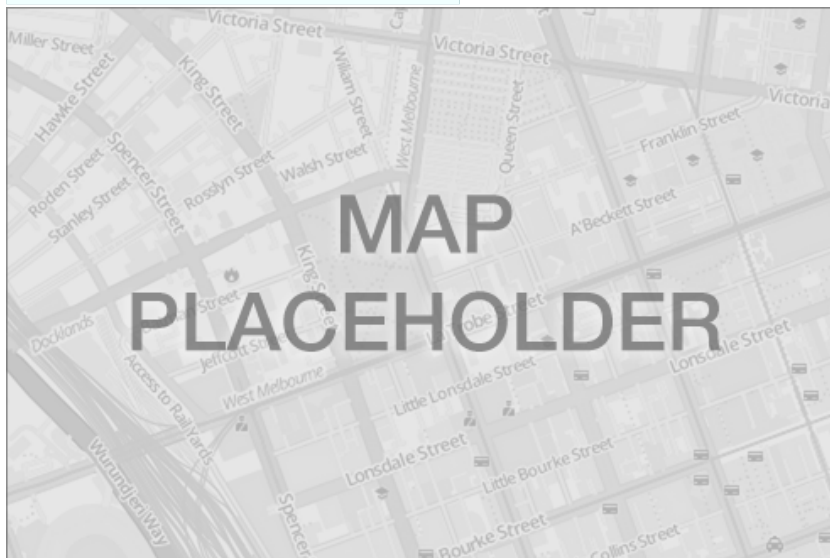
Organisation *

Organisation Name

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.

Organisation primary address

Address



Organisation postal address

Address

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Organisation primary phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.

Organisation website

Must be a URL.

Organisation 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Please upload a copy of your Organisations Public Liability Insurance

Attach a file:

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 *

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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

Does your Organisation receive annual funding or federal government funding?

- ☐ Yes
☐ No

If yes, please explain:

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

Auspice Information

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* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

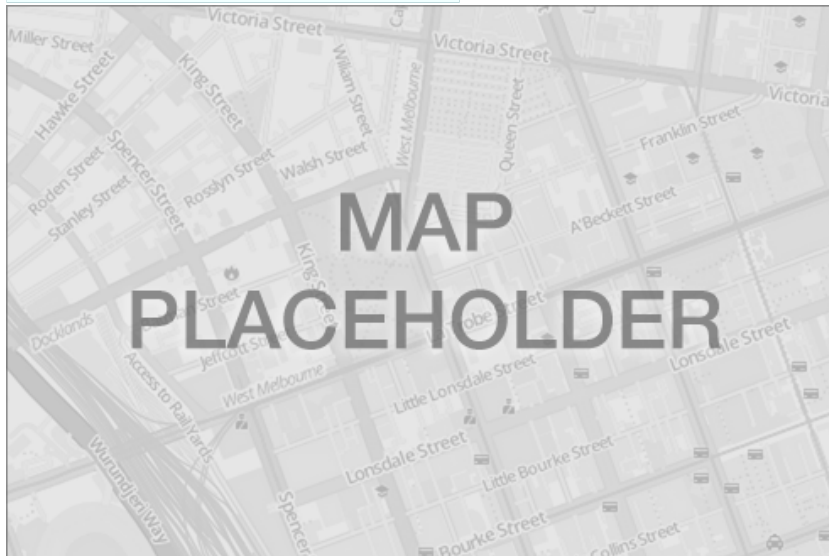
Auspice organisation name *

Organisation Name

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.

Auspice primary address

Address



Auspice postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

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Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

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

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

☐ Yes ☐ No

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

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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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Activity Details

Project title:

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

Anticipated start date

Anticipated end date

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

Location of Activity

Please describe the Activity you are seeking funding for

Word count:

(Maximum 500 word count) Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you

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expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

Will you be collaborating with other services in your Activity?

- ☐ Yes
☐ No

If yes, please explain who else will be involved and what their role will be

Alignment - How will your Activity align to the Shire's Strategic Community Plan 2022-2032? (See link below)

Please consult the Grants and Sponsorship guidelines for more information about our program and organisational goals - see {{ <https://www.eastpilbara.wa.gov.au/documents/774/strategic-community-plan-2022-2032-and-corporate-business-plan-2022-2026> }}. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu3> if you need some ideas about how to frame your response.

Alignment - How will your Activity align to the Shire's Access and Inclusion Plan 2020-2025? (See link below)

Please consult the Grants and Sponsorship guidelines for more information about our program and organisational goals - see {{ <https://www.eastpilbara.wa.gov.au/documents/210/access-and-inclusion-plan-2020-2025> }}.

How will your Activity increase visitor dwell time within the Shire of East Pilbara?

Eg. Attract visitors to the Shire, encourage longer length of stay or engage with local businesses

How will your Activity increase visitors spending within the Shire of East Pilbara?

How will your Activity increase capacity and production of local businesses within the Shire of East Pilbara?

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What local businesses will benefit from your Activity?

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:

How are you planning to market and promote your Activity?

Please explain how your plan to attract a large number of visitors to the Shire of East Pilbara?

What is the expected average dwell time of visitors to the Shire of East Pilbara?

Who are the expected primary beneficiaries of this project/program?

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

Please upload any supporting documents related to your Activity (if applicable)

Attach a file:

How many people are expected to benefit from your Activity?

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Must be a number.

Your Organisation

How will your Activity create opportunities for your organisation to become sustainable?

Please explain your Organisations capacity to deliver this Activity

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.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	

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			\$	
			\$	
Eg, Funding from other sources, revenue from participant fees				

Please comment in the 'Notes' section whether you are requesting cash or in-kind from the Shire of East Pilbara.

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:

- That to the best of my knowledge the statements made within this application are true and correct

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- 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? *

Estimate in minutes i.e. 1 hour = 60

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

A light blue rectangular box with a thin black border, intended for the user to provide suggestions for improvements or additions to the application process.