Participation Grant - 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.

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

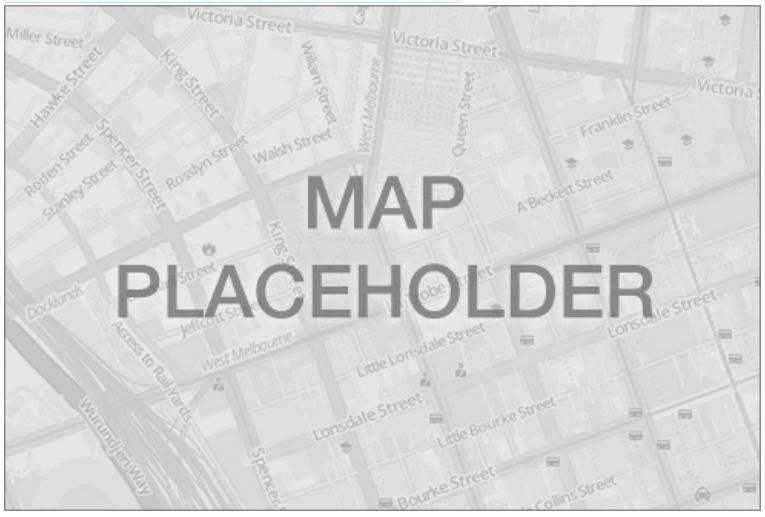
*

First Name Last 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.

Applicant primary address

Address



Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant Consent

Are you under the age of 18? *
- ○ YES
- ○ NO

Parent or Legal Guardian Contact Details

If you answered YES to the previous question, please enter the contact details for your parent or legal guardian:

Name of Parent or Legal Guardian *
First Name Last Name

Email *
Must be an email address.

Phone Number *
Must be an Australian phone number.

Activity Contact Details

Please enter the details of a referee from the organisation your are participating with. e.g., Club, School, Competition contact person

Organisation name *
Organisation Name

Referee name *
First Name Last Name

Referee position *

Referee phone number *
Must be an Australian phone number.

Referee email *
Must be an email address.

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

If unknown, provide your best guess or leave blank

Activity End date

If unknown, provide your best guess or leave blank

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

* indicates a required field

Total Amount Requested *
$
What is the total financial support you are requesting in this application?

Total Activity 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 how you will pay for the costs not covered by the grant. e.g., applicant to fund.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

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 evidence of the fees and costs associated with your activity *
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.

I certify:

- **That to the best of my knowledge the statements made within this application are true and correct**
- **I understand that if the applicant is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in funding agreement**
- **I acknowledge that I am authorised to make this application on behalf of the applicant**
- **I acknowledge that I may be required to supply further information prior to consideration of this application by the Shire of East Pilbara**
- **I have spoken with the Coordinator Grants and Business Development 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/ Relationship to applicant *

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