



Shire of Derby / West Kimberley

Community Grants Program Application Form

Organisation Details

Organisation Name:			
Organisation Type: (Please select one)	Community and Non-Government		Commercial and Government
Is your organisation not-for-profit?	Is your organisation incorporated? (Please attached your Certificate of Incorporation)		
What is the primary purpose of the organisation?			

Contact Details

Name of Applicant:			
Position:			
Address:	Suburb:		Postcode:
Postal Address:	Suburb:		Postcode:
Mobile number:	Home:		Work:
Email Address:			
Website:			
Contact During Activity:	Name:		Contact:

(if different to applicant)

Auspecting Agency Details. Please provide if your corporation is not incorporated.

Auspecting agency name:			
Contact Name:			
Position:			
Address:	Suburb:		Postcode:
Postal Address:	Suburb:		Postcode:
Mobile number:	Home:		Work:
Email Address:			
Website:			

*Please attach a copy of Certificate of Incorporation for the Auspecting agency.

Derby

(08) 9191 0999 | 30 Loch Street
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
 sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



Shire of Derby / West Kimberley

Payment Information

Please complete information below in relation to your organisation or the organisation who is auspicing your application if you are not incorporated.

<p>Is the organisation registered for GST? If yes, what is your Australian Business Number? (ABN):</p> <input type="text"/>	<p>Yes No</p>
<p>If no, please complete and attach a copy of the Statement by Supplier form.</p>	

Payment Details

EFT	
Account Name:	
BSB:	
Account Number:	

Project Details

<p>Please tell us about your project. What are you planning to do?</p>
<p>When are you planning on doing it?</p>
<p>What are you trying to achieve? What is the benefit to and impact on the community?</p>
<p>How will you know if you have been successful in achieving your project aim?</p>

Derby

(08) 9191 0999 30 Loch Street
 sdwk@sdwk.wa.gov.au PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 Flynn Drive
 sdwk@sdwk.wa.gov.au PO Box 101, Fitzroy Crossing



Shire of Derby / West Kimberley

Does your event require any licenses, permits and approvals? If yes, have you already applied for these?

*Please attach copies of these applications.

Budget

How much is the total project going to cost?

How much funding are you requesting from the Shire?

How will you use this contribution?

How will you fund the cost difference for this project?

Promotion

How will you promote this event / activity?

How will you acknowledge the Shires contribution?

Derby

 (08) 9191 0999 | 30 Loch Street
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

 (08) 9191 5355 | Flynn Drive
 sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



Shire of Derby / West Kimberley

Other details

Has your organisation, or auspicing organisation, previously received funding from the Shire of Derby/West Kimberley?
If yes, please provide date funding was received.

Checklist

<input type="checkbox"/>	I have attached a copy of the Certificate of Incorporation of my group or the group auspicing the application.
<input type="checkbox"/>	I have included the organisations ABN or if not registered for GST I have completed and attached the Statement by Supplier Form.
<input type="checkbox"/>	I have included all licenses, permits and approvals needed for the application.
<input type="checkbox"/>	I have discussed my project with a team member of the Shire's Community Development team.

Declaration

Important: Please read and sign this declaration for your application to be processed

1. I acknowledge that I am authorised to make this application on behalf of the organisation.
2. I acknowledge that the information in this application is true and correct
3. I acknowledge that I may be required to supply further information prior to consideration of this application by the Shire of Derby/West Kimberley.
4. I acknowledge that I will complete the requested acquittal report and submit it within 2 months of project / event completion.
5. I provide permission for the Shire of Derby/West Kimberley to promote this Grant as part of any communications and public relations activities.
6. I acknowledge I have allowed for eight weeks notice before my event.

Signature of Applicant:		Date:	
--------------------------------	--	--------------	--

SHIRE ADMINISTRATION USE ONLY

Date application received:		Date assessed:	
All requirements received:		Post-inspection date:	
Officer Name:		Approved/Not Approved:	
Officer Signature:		Synergy Ref No:	
Date:			

Derby

(08) 9191 0999 | 30 Loch Street
sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing