

Deadline for applications is close of business on Monday, 31 August 2020

Please note that all of the below listed items need to be completed before submitting the application. Not adhering to the Community Contribution Fund Guidelines may result in your application being unsuccessful.

Before submitting your application, please ensure that you have:

- ✓ Read the Community Contribution Fund Guidelines;
- ✓ Contacted the City's Coordinator Community Development to discuss your project at least 2 weeks prior to the applications closing date;
- ✓ Contacted the relevant City of Belmont departments in regards to your project (if applicable);
- ✓ Obtained all relevant permissions and booking confirmation from the City of Belmont departments in regards to your project (if applicable).

1. Project

Please select a category for your project:

Community Project

Festival/Event

Equipment

Project Name: _____

Project Start Date: _____ Project End Date: _____

Location of the project: _____

Your project is: New One-off Regular

2. Applicant Details

Organisation: _____

Contact Person: _____

Position held: _____

Postal Address: _____

Phone (W): _____ Mobile: _____

Email: _____



Please check 'Yes' or 'No' in the table below

2.1 Incorporation	
Is your organisation incorporated?	Yes <input type="checkbox"/> Please attach a copy of your Certificate of Incorporation
	No <input type="checkbox"/> Please specify an auspicing organisation in the 2.5 section below
2.2 Goods and Services Tax (GST)	
Is your organisation registered for GST?	Yes <input type="checkbox"/> Please complete your Australian Business Number (ABN) in the 2.3 section
	No <input type="checkbox"/> Please note you (the applicant) are responsible for paying the Goods and Services Tax (GST) of your purchases. Refer to the Goods and Services Tax (GST) payment section in the CCF Guidelines on Page 7.
2.3 Australian Business Number (ABN)	
Does your organisation have an ABN number?	Yes <input type="checkbox"/> Please provide your ABN number below and attach a copy of your ABN Certificate
	No <input type="checkbox"/> You are required to complete a 'Statement by Supplier form'
2.4 Insurance	
Does your organisation have a current Public Liability Insurance?	Yes <input type="checkbox"/> Please attach a copy of your Public Liability Insurance No <input type="checkbox"/>
2.5 Auspicing Organisation	
Will you be applying through an auspicing organisation?	Yes <input type="checkbox"/> Please complete the Auspicing Organisation details on Page 7 No <input type="checkbox"/>
2.6 Briefly outline the purpose and aims of your organisation	

3. Previous Financial Assistance and Management

Has the City of Belmont previously assisted your organisation by providing either funding or in-kind contribution?

Yes Please provide details of all previous assistance below
No

Funding or in-kind	Date (mm/yyyy)	Amount/Value	Purpose



Have you received funding/grants from other organisations before?

- Yes Please provide details of all previous funding/grants received and their contact details (organisation's details are sufficient).
- No Please provide contact details of two (external to your organisation) referees that can provide feedback about your organisation.

Organisation	Amount	Purpose	Contact Details

4. Project Outline

Description of the project

What will you do with the funding?

How does your project align with the Community Contribution Fund aims? How have you determined if this project addresses the needs of the community?

Please list and describe all consultations with relevant stakeholders and/or community groups that you have undertaken. Please also list and describe any partnerships that have formed as a result of this proposed project.



People benefiting from your project

Please describe your target audience and the number of people that will benefit from your project. How many City of Belmont residents will benefit from your project? How do you determine that?

Number of people overall	
Number of City of Belmont residents	

Is your program or event free for City of Belmont residents to attend?	Yes <input type="checkbox"/>	Please provide details of the cost and the reason for the charge.
	No <input type="checkbox"/>	

Expected benefits and outcomes

What benefits and outcomes do you believe will be achieved through the implementation of your project?

How will you determine the success (or learnings) of your project?

For example: survey, anecdotal feedback, social media presence (likes, comments), increase in membership numbers, increase in enquiries, participation numbers at events/projects etc.



Access and Inclusion

Have you considered aspects of access and inclusion as part of your planning process? For example: will your event be inclusive of all including people with disability, will the planned activity benefit people with disability? If you do not believe this applies to your project, please comment below on the reasons why.

Environmental considerations

As part of your planning process, have you considered any environmental implications? For example: have you considered potential impact on the natural environment (plants/ animals/ waterways); energy/water rating, waste reduction such as reusing or recycling items, alternatives to single use disposable plastic items. If you do not believe this applies to your project, please comment below on the reasons why.

Promotion and acknowledgment

How will your project be promoted? What acknowledgement will the City of Belmont receive for its support?



5. Project's Budget

Please list below all project costs (exclusive of GST) and specify which items you are requesting to be covered by the City of Belmont Community Contribution Fund (CCF), your organisation or other.

Proposed budget for your project		
Item	Amount \$ (Ex GST)	Source (please indicate if CCF, own organisation or other)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

***Please attach quotes for all items.** For items over \$2,000 two quotes are required. It is expected that if two quotes are sought that the lower quote will be used; if this is not the case you should provide an explanation of why the higher quote is preferable.

Summary	Amount \$ (Ex GST)
A Request from the City of Belmont's CCF	
B Your contribution	
C Contributions from other organisations	
A + B + C = Total cost of project	



6. Auspice Organisation Details (if applicable)

Auspice Organisation: _____

Contact Person: _____

Position held: _____

Registered Address: _____

Phone (W): _____ Mobile: _____

Email: _____

Please check 'Yes' or 'No' in the table below

6.1 Incorporation	
Is the auspice organisation incorporated?	Yes <input type="checkbox"/> Please attach a copy of a Certificate of Incorporation No <input type="checkbox"/> Application will be deemed ineligible
6.2 Goods and Services Tax (GST)	
Is the auspice organisation registered for GST?	Yes <input type="checkbox"/> Please complete an Australian Business Number (ABN) in 6.3 section below Please note you (the applicant) are responsible for paying the Goods and Services Tax (GST) of your purchases. Refer to the Goods and Services Tax (GST) payment section in the CCF Guidelines on Page 7. No <input type="checkbox"/>
6.3 Australian Business Number (ABN)	
Does the auspice organisation have an ABN number?	Yes <input type="checkbox"/> Please provide your ABN number below and attach a copy of your ABN Certificate _____ No <input type="checkbox"/> You are required to complete a 'Statement by Supplier form'
6.4 Insurance	
Does the auspice organisation have a current Public Liability Insurance?	Yes <input type="checkbox"/> Please attach a copy of Public Liability Insurance No <input type="checkbox"/>
6.5 Written Agreement	
Does your organisation have a written agreement with the auspice organisation which states their support for the financial management and acquittal of this grant, if your organisation was successful?	Yes <input type="checkbox"/> Please attach a copy of the agreement No <input type="checkbox"/> Application will be deemed ineligible
6.6 Briefly outline the purpose and aims of the auspice organisation	

7. Attachments

Please note that incomplete applications will be deemed ineligible for consideration. Not adhering to the Community Contribution Fund Guidelines will result in your application being unsuccessful.

Before you submit your application, ensure that you have:

- Contacted the City's Coordinator Community Development
- Completed all relevant questions
- Attached quotes
- Attached a copy of the ABN Certificate
- Attached a copy of the Certificate of Incorporation
- Attached a copy of the Public Liability Insurance (if applicable)
- Attached letters of support (if applicable)
- Attached auspicing organisation's certificates (if applicable)

8. Declaration

I acknowledge that I am an authorised person to sign legal documents on behalf of my organisation.

I acknowledge that the information and details provided within this application are true and correct to the best of my knowledge and that the City of Belmont's decision are final and are not subject to an appeal.

Signed: _____

Date: _____

Name: _____

Position: _____

