

3. Organisation details

3.1 Briefly outline the purpose and aims of your organisation:

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

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 auspicating organisation in the 2.5 section below
Australian Business Number (ABN)			
Does your organisation have an ABN number?	Yes	<input type="checkbox"/>	Please provide your ABN number here: _____
	No	<input type="checkbox"/>	You are required to complete a 'Statement by Supplier form'
Goods and Services Tax (GST)			
Is your organisation registered for GST?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
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"/>	
Auspicing Organisation			
Will you be applying through an auspicating organisation?	Yes	<input type="checkbox"/>	Please complete the Auspicating Organisation details on Page 7
	No	<input type="checkbox"/>	

3.3 Has the City of Belmont previously assisted your organisation by providing either funding or in-kind contribution? Yes No

If yes, please provide details of all previous assistance below:

Date (yyyy)	Amount/Value	Purpose

5.2 How does your project align with the Community Contribution Fund aims?
(please refer to the CCF aims provided in the Guidelines)

5.3 People benefiting from your project

5.3.1 Please describe who will benefit from your project (ie age group etc.)?

5.3.2 How many people overall do you estimate will benefit directly from the project (for example no. of event attendees): _____

5.3.3 Out of these what percentage will be Belmont residents? _____

5.4 Is your program or event free for City of Belmont residents to attend? Yes No

If no, please provide details of the cost and the reason for the charge.

5.5 Access and Inclusion

Have you considered aspects of access and inclusion as part of your planning process? For example: will your event be physically accessible, will all people be welcome to attend? Please provide details:

5.6 Environmental considerations

As part of your planning process, have you considered any environmental implications? For example: waste reduction such as reusing or recycling items, alternatives to single use disposable plastic items. Please provide details:

5.7 Promotion and acknowledgment

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

6. Project Outcomes

Please list at least two anticipated outcomes of your project. (List additional outcomes if relevant)

Outcome 1: _____

Outcome 2: _____

7. Project Budget

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

No.	Description of service/item	Amount \$ (Ex GST)	GST \$ (if applicable)	Source of funding CCF/My org/Other
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	
5		\$	\$	
6		\$	\$	
7		\$	\$	
8		\$	\$	
9		\$	\$	
10		\$	\$	
	TOTAL	\$	\$	

Note: Please attach quotes for all items. For items over \$2,000, two (2) quotes are required. It is expected that if two (2) quotes are sought, 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	

8. Auspice Organisation details (if applicable)

Name of Auspice Organisation:	
Contact person:	
Position held:	
Registered Address:	
Phone:	
Email:	

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

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
Goods and Services Tax (GST)	
Is the auspice organisation registered for GST?	Yes <input type="checkbox"/> 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.
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'
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"/>
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

9. 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:

- Responded to all questions in the application
- Attached quotes
- 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)

10. 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: _____