# CITY OF BELMONT

## **Community Contribution Fund Application Form**

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 closing date and applications or attend a CCF information session;
- 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).

**Please note:** We encourage applicants to apply using the online form on the City's website however if completing by hand please ensure writing is clear. If you wish to add any additional information please attach to the form indicating the section it refers to.

## 1. Project Outline

Please select a category for your project:

Community Project	□Festival/Event □Volunteer Training & Development
Project Name:	
Project Start Date:	Project End Date:

Location of where the project will be delivered: \_

## 2. Application details

Organisation:	
Contact Person:	
Position held:	
Postal Address:	
Phone:	
Email:	

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## 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		Please attach a copy of your Certificate of Incorporation	
	No		Please specify an auspicing organisation in the 2.5 section below	
Australian Business Number (ABN)				
Does your organisation have an ABN number?	Yes		Please provide your ABN number here:	
	No		You are required to complete a 'Statement by Supplier form'	
Goods and Services Tax (GST)				
Is your organisation registered for GST?	Yes			
	No			
Insurance				
Does your organisation have a current Public Liability Insurance?	Yes		Please attach a copy of your Public Liability Insurance	
	No			
Auspicing Organisation				
Will you be applying through an auspicing organisation?	Yes		Please complete the Auspicing Organisation details on Page 7	
	No			

### 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

## 4. References

Please provide two referees who we can contact to support your application. These should be people who know about your organisation in a professional capacity. Alternatively, you can provide letters of support (still provide details below).

Name	Phone	Email	Organisation and position held

## 5. Project Outline

#### 5.1 Description of the project

What will you do with the funding?

## **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 D No D

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)
А	Request from the City of Belmont's CCF	
В	Your contribution	
С	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?			Please attach a copy of a Certificate of Incorporation		
			Application will be deemed ineligible		
Goods and Services Tax (GST)					
	Yes				
Is the auspice organisation registered for GST?	No		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?			Please provide your ABN number below and attach a copy of your ABN Certificate		
			You are required to complete a 'Statement by Supplier form'		
Insurance					
Does the auspice organisation have a current Public Liability Insurance?			Please attach a copy of Public Liability Insurance		
Written Agreement					
Does your organisation have a written agreement with the auspice organisation			Please attach a copy of the agreement		
which states their support for the financial management and acquittal of this grant, if your organisation was successful?	No		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: