



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 regard to your project (if applicable).
- ✓ Obtained all relevant permissions and booking confirmation from the City of Belmont departments regarding 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
 Equipment & Resources 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: | |

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 auspicng 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 auspicng organisation? | Yes | <input type="checkbox"/> | Please complete the Auspicng 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 |
|-------------|--------------|---------|
| | | |
| | | |
| | | |

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 (i.e. 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. Outcomes are not the things that you do in your project but the changes that your project will make to participants, e.g. increase awareness of pre-natal nutrition, decrease social isolation (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), and which items your organisation or another funding source will pay for (in cash or in-kind).

| No | Description of service/item | Amount \$ (Ex GST) | GST \$ (if applicable) | Source of funding CCF/My org/Other |
|----|---------------------------------|-----------------------|---|---|
| | What will the money be spent on | Cost of service/item | How much GST are you being charged on the cost of the item/service? | Who will be responsible for the cost of the service/item? |
| 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 \$ |
|--|-----------|
| A * Request from the City of Belmont's CCF | |
| B Your contribution | |
| C Contributions from other organisations (if applicable) | |
| A + B + C = Total cost of project | |

*** Please note**

If you are registered for GST, the City will not pay the GST amounts on your budget items.
If you are not registered for GST, the City will pay the GST amounts on your budget items.

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.
- Consulted with Coordinator Community and Cultural Engagement
- 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: _____