

### ACTIVE PLACES

Please read the [grant guidelines](#) prior to completing and submitting this application. **Grant round closes 1 February 2025 at 11am or until funds are fully expended.**

This application is for initiatives held between the 1 September 2024 - 31 May 2025. Applications must be submitted a minimum 12 weeks prior to the start of the initiative

Questions mark with a **SQ** (Scoring Question) will be assessed against the [scoring matrix](#) and assigned a score in the assessment process.

#### Active Places Category:

The purpose of this category is to bring the community together focusing on safety, belonging and strengthening the connection between people and the places they share.

The City is looking to support community driven events and initiatives that creates a sense of place, increase participation in community life, develop social connections, improves safety and bring happiness to our streets and neighbourhoods. These could be pop up events or markets, neighbourhood BBQ's, place activation initiatives or interactive art installations.

If you have questions please contact the grants team on 9792 7033 or [grants@bunbury.wa.gov.au](mailto:grants@bunbury.wa.gov.au)

### ACTIVE PLACES INITIATIVE DETAILS

\* indicates a required field

**Have you read the grant guidelines for Active Places funding up to \$2,000 and eligibility criteria? \***

☐ I have read the guidelines and am eligible to apply

**Please list the Grant Officer that you have discussed your application with. \***

\*SQ

#### Initiative Details

**Initiative Name \***

**Tell us about the proposed initiative \***

# Active Places 2024/25

## Form Preview

Word count:  
Must be no more than 500 words.  
Provide a description of the initiative.

**Start Date \***

Initiative held between 1 September 2024 - 31 May 2025

**End Date \***

Initiative held between 1 September 2024 - 31 May 2025

**Start Time \***

**End Time \***

**Address of the initiative**

Address

enter address if known, otherwise use location/venue of activity field below

**Location/venue of the initiative \***

**Select the area that the initiative will be held \***

- |  |   |
|--|---|
| <input type="checkbox"/> Bunbury       | <input type="checkbox"/> Marlston Hill      |
| <input type="checkbox"/> Carey Park    | <input type="checkbox"/> Pelican Point      |
| <input type="checkbox"/> College Grove | <input type="checkbox"/> South Bunbury      |
| <input type="checkbox"/> CBD           | <input type="checkbox"/> Usher              |
| <input type="checkbox"/> East Bunbury  | <input type="checkbox"/> Withers            |
| <input type="checkbox"/> Glen Irirs    | <input type="checkbox"/> Other: <div></div> |

**Tell us how this area or a community space will be activated \***

**Tell us what you aim to achieve by delivering the initiative. \***

# Active Places 2024/25

## Form Preview

**Is the initiative free to attend and participate in? \***

- ☐ Yes  
☐ No - Application is ineligible for this grant category

**Tell us about the person, group or community delivering the initiative and their relevant experience. \***

Word count:

\*SQ

## Participants

Tell us your predicted attendance for the below

**Participants \***

Must be a number.

**Vendors \***

Must be a number.

**Other \***

any other participants

**Total expected participants and vendors. \***

This number/amount is calculated.

\*SQ

**Who are the primary beneficiaries of this project/program? \***

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

## Promotion

**How do you propose to market and promote the initiative? \***

Printed media, Social media etc.

CRITERIA QUESTIONS

\* indicates a required field

**Tell us how the initiative engages the local residents and community groups to participate and be involved. \***

Word count:

\*SQ

**Tell us why the initiative is needed within the community. \***

Word count:

\*SQ

**Tell us how the initiative contributes to a healthy, active, safe and connected community. \***

Word count:

\*SQ

**Tell us how the initiative is inclusive and physically accessible to the community. \***

Word count:

\*SQ

**Tell us about local suppliers that you may plan to use and include in the initiative. \***

Word count:

\*SQ

FINANCIAL INFORMATION - FUNDING UP TO \$2,000

\* indicates a required field

**Total amount of grant funding (exc. GST) requested. \***

\$

# Active Places 2024/25

## Form Preview

What is the total amount of funding you are requesting from the City? maximum \$2,000

**If only a portion of the funding requested is approved, would this impact the delivery of the Initiative? If so how? \***

**Does the initiative raise funds for any organisation or community group. \***

- ☐ Yes
- ☐ No

### Items funded

The City will consider funding the following items.

Any services provided by the City formally known as in-kind will require a quote to be obtained from the City prior to submitting the application.

**Select the items you would like considered for funding \***

- ☐ Advertising/printing/promotional expenses
- ☐ COB - Banner/billboard hire
- ☐ Capital purchases/equipment up to \$2,000
- ☐ COB - Beach raking
- ☐ Coordinator fees capped at 50% of funding requested
- ☐ COB - Cleaning City facilities
- ☐ Entertainment/talent fees
- ☐ COB - Open space services (Retic)
- ☐ Equipment hire/operations/logistics
- ☐ COB - Removal bollards/goal posts
- ☐ External facilitators/presenters
- ☐ COB - Street sweeping
- ☐ First Aid Service
- ☐ COB - Venue/Ground hire
- ☐ Insurance - Initiative/event specific
- ☐ COB - Waste Services
- ☐ Travel/accommodation expenses
- ☐ Other:
- ☐ Venue/ground hire

### Income Budget

List all income relating to the initiative including any funding applied for.

All amounts should be ex GST

Examples of income:

Applicant cash, ticket sales, sponsorship, grants, donations, applicant in-kind if applicable.

\*SQ

Income	\$	Confirmed Funding	Notes
COB Grant Funding	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

	\$		
	\$		

Total income amount

Total Income Amount \*

\$

This number/amount is calculated.

Expenditure Budget

List all expenditure relating to the Initiative.

All amounts should be ex GST

Examples of expenditure:

Security, Refreshments, Venue hire, Waste services, Equipment hire and operations.

\*SQ

Expenditure	\$	Attach quotes for expenses over \$2,000	Notes
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Total Expenditure Amount \*

\$

This number/amount is calculated.

Budget surplus/deficit

\*

\$

This number/amount is calculated.

If the initiative is delivered with a profit or raises funds, how will the profit be utilised \*

APPLICANT INFORMATION

\* indicates a required field

Select which eligible applicant you are applying as \*

- ☐ Incorporated not-for-profit organisation
- ☐ Individual - auspiced
- ☐ Individual

Applicant details

Individual Applicant \*

Organisation Name

Applicants Address \*

Address

  

Applicants Phone Number \*

Must be an Australian phone number.

Applicant Email \*

Must be an email address.

If the individual does not have an ABN please complete and attach a Statement by a Supplier form

Attach a file:

<https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdf>

Applicant details

Applicant \*

Organisation Name

Applicants Address \*

Address

# Active Places 2024/25

## Form Preview

**Applicant Phone Number \***

Must be an Australian phone number.

**Applicant Email \***

Must be an email address.

**Does the applicant have an ABN? \***

- ☐ Yes - Registered for GST
- ☐ Yes - Not registered for GST
- ☐ No

**Applicant ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Applicant Primary Bank Account \***

Account Name

BSB Number      Account Number

Must be a valid Australian bank account format.

**If the Organisation does not have an ABN please complete and attach a Statement by a Supplier form \***



Attach a file:

<https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdf>

Public Liability Insurance Details

**Public Liability Insurance Company name \***

**Amount applicant is insured for \***

\$

Must be a dollar amount.

**Expiry date of insurance policy \***

Must be a date.

**Please upload a copy of the insurance policy \***

Attach a file:

AUSPICE INFORMATION

\* indicates a required field

**Auspice Organisation \***

Organisation Name

**Auspice contact and position \***

**Auspice Address \***

Address

  

**Auspice Phone Number \***

Must be an Australian phone number.

# Active Places 2024/25

## Form Preview

### Auspice Email \*

Must be an email address.

### Does the auspice have an ABN? \*

- ☐ Yes - Registered for GST  
☐ Yes - Not registered for GST  
☐ No

### Auspice ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Auspice Bank Details \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

## DECLARATION

\* indicates a required field

This section must be completed by an authorised person on behalf of the applicant/ organisation (may be different to the contact person as listed previously)

I certify that

- That I have read the grant guidelines and am an eligible applicant.

# Active Places 2024/25

## Form Preview

- To the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the Funding Agreement.
- The Applicant has applied to only one grant category for this initiative/event.
- Any information given to applicants by a City of Bunbury staff member should be seen as information only and that I should not alter my circumstances or act upon expectations arising from such information.
- I have no overdue acquittals from previous rounds of funding or money owing to the City of Bunbury.
- I understand the final decision of funding allocations lies with the City of Bunbury's Chief Executive Officer through Delegated Authority from Council and applicants may not request an appeal.
- I understand that the notice of decision regarding my application will be within 12 weeks from submitting my application.

### I agree \*

- ☐ Yes  
☐ No

### Name of authorised person \*

Title      First Name      Last Name

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### Position \*

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### Phone Number \*

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Must be an Australian phone number.

### Email \*

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Must be an email address.

## Feedback

We are always looking to improve our services and make the application process as easy as possible for applicants.

Note: All information provided is confidential and will not affect the assessment process of the application.

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