

# Community Connect Tier 1 - Round 1

## Form Preview

### COMMUNITY CONNECT - TIER 1

Please read the [grant guidelines](#) prior to completing and submitting this application. **Grant round closes 31 May 2024 at 11am**

This application is for initiatives held between the 1 September 2024 - 31 August 2025.

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

#### Community Connect Category:

The purpose of this category is to create a highly engaged community to participate in a wide range of opportunities that make them feel welcomed and connected.

The City is looking to support initiatives and events that connect the community through performing arts, film, murals, arts, music, circus, culture, sporting, health and wellness. The aim is to create an engaged community where everyone is welcome and connected.

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

### COMMUNITY CONNECT INITIATIVE DETAILS

\* indicates a required field

**Have you read the grant guidelines for Community Connect -Tier 1 funding up to \$5,000 and eligibility criteria? \***

☐ I have read the guidelines and am eligible to apply

**Applicants are required to discuss their proposal with the Grant Officer prior to completing this application. List the officer below. \***

\*SQ

#### Initiative Details

**Initiative Name \***

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

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Word count:

Must be at least 500 characters.

Provide a description of the initiative.

**Start Date \***

Initiative held between 1 September 2024 - 31 August 2025

**End Date \***

Initiative held between 1 September 2024 - 31 August 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 \***

**Tell us what you aim to achieve by delivering the initiative and how it will benefit the community. \***

**Is the initiative financially accessible to the community \***

- ☐ 100% Free to attend and participate
- ☐ 75% -99% free to attend with paid elements
- ☐ 55% - 74% free to attend with paid elements
- ☐ up to 54% free to attend with paid elements
- ☐ Paid to participate in
- ☐ Paid event to attend

\*SQ

**Tell us about the committee delivering the initiative and their relevant experience. \***

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Word count:

\*SQ

### Participants

Tell us your predicted attendance for the below

#### Participants \*

Must be a number.

#### Spectators \*

Must be a number.

#### Vendors \*

Must be a number.

#### Other \*

Must be a number.

#### Total expected participants, spectators 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

### Marketing and promotion

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

Printed media, Social media etc.

#### Is the initiative part of something that is \*

- ☐ Local
- ☐ Regional

### Supporting Documents

Supporting documents could be any of the following.

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- Risk management plan
- Event plan

**Upload any supporting documents relating to the application.**

Attach a file:

## CRITERIA QUESTIONS

\* indicates a required field

**Tell us why the initiative is needed and how it connects the community and its people. \***

Word count:

\*SQ

**Tell us how the local Noongar culture is included and celebrated in the initiative. \***

Word count:

\*SQ

**Tell us how the initiative engages the community to be involved/participate, contributing to a healthy, active and connected community. \***

Word count:

\*SQ

**Tell us about the partnerships you have with community or sporting groups that will complement or add to the initiative. \***

Word count:

\*SQ

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

Word count:

\*SQ

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**Tell us about the places and spaces within the City of Bunbury you plan to use. \***

\*SQ

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

\*SQ

**Tell us how you plan to encourage skill development and build the capacity of the organisation or community. \***

Word count:

\*SQ

## FINANCIAL INFORMATION - FUNDING UP TO \$5,000

\* indicates a required field

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

What is the total amount of funding you are requesting from the City?

**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

## Matched Funding

The amount of funding requested from the City must be matched by the applicant, please list sources of matched funding below. If you are unsure please refer to the [grant guidelines](#).

- Business applicants must match funding with 100% cash.
- Not-for-profit organisations / auspiced individuals must match funding with a minimum of 75% cash and maximum of 25% in-kind time calculated at \$30/hour.

**Applicants that are matching funds with cash must attach proof by means of a bank statement/summary, grant or sponsorship letter/agreement.**

\*SQ - Applicants secures additional funding sources.

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Income	\$ Amount	Confirmed or Unconfirmed funding
	\$	
	\$	
	\$	
	\$	
	\$	

### Total matched funding \*

\$

This number/amount is calculated.

### Upload any confirmation of matched funding documents \*

Attach a file:

### 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 \*

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

\*

\$

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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
- ☐ Business
- ☐ Individual - auspiced

### 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.

### Applicant details

**Applicant \***

Organisation Name

**Applicants Address \***

Address



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### 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.

## Public Liability Insurance Details

### Public Liability Insurance Company name \*

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**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.

**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 \***

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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.
- 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.
- I understand that the City of Bunbury's funding allocation must be matched financially or in-kind, according to the eligible applicants category.
- 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.

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- 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 in August 2024.

**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.

Please provide any feedback about how you found the application process and how long it took to complete the application.

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

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