

Eligibility

* indicates a required field

Applicants please note

Before completing this application form, you should have read the information and guidelines on the [Arts Development Grants webpage](#)

This section of the application form is designed to help you and us understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions, or want to discuss your application please call 9364 0666 or email com.grants@melville.wa.gov.au

If you have a disability and find our application process inaccessible, please contact us for assistance or alternative application methods.

Confirmation of Eligibility

I confirm that the applicant:

- has read and understands the program guidelines;
- is able to demonstrate alignment between their project and the aims of this program;
- is one of the following:
 - artist based in the City of Melville (home or studio),
 - incorporated not for profit arts organisation based in the City of Melville;
- is able to demonstrate financial viability;
- does not owe any reports or money to the City of Melville as a result of previous funding or grants;
- will have the appropriate type and level of insurance for the activities that are the subject of this grant.

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to <https://www.melvillecity.com.au/privacy>

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Form Preview

Applicant Organisation Details

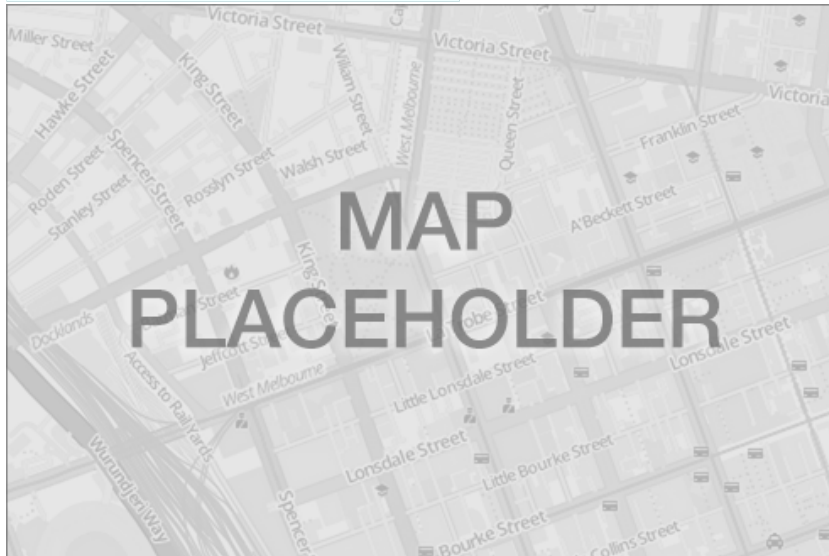
Name of your organisation, or your full name. *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, Australian Charities, Department for Commerce or ATO.

Applicant's Primary Address

Address



Home address or studio address must be in the City of Melville.

Applicant's Postal Address

Address

Applicant's website

Must be a URL

Contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

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e.g. Lead Artist, Manager, Board Member, Convener

Contact person's phone number *

Contact person's email address *

This is the address we will use to correspond with you about this grant.

Back-up phone number (if applicant is an organisation)

Name and position of back-up contact

Previous City Support

Have you received other City of Melville support in the past two years? If so, please describe.

Organisation Details

* indicates a required field

Legal structure

What is your organisation's legal structure? *

- ☐ Artist or collective of artists based in the City of Melville
- ☐ Incorporated not for profit organisation based in in the City of Melville

If incorporated, what is your incorporation number?

Incorporated Association or Australian Corporation Number

What is your primary artform? *

Must be no more than 400 characters.

For example circus, live art, multimedia, dance, film, music, theatre, visual, writing.

If you are an organisation, what is the nature of your business or work?

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Must be no more than 400 characters.

Does your organisation/business have an ABN? *

☐ Yes

☐ No

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

As you do not have an ABN, if your application is successful you will need to submit a completed ATO Statement by a Supplier Form, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO](#).

Project Details

*** indicates a required field**

Project title:

Provide a name for your project/program/initiative. Your title should be short but descriptive

Please provide a summary of your project. *

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Must be no more than 1500 characters.

Be descriptive, but succinct. Include a brief summary of what you will do, and what results you expect (outcomes).

How is your project a new idea, a fresh presentation or an innovation? *

Must be no more than 1500 characters.

Describe your claims against the assessment criteria.

What opportunities will the City of Melville community have to experience your work?

Must be no more than 1500 characters.

Describe your claims against the assessment criteria.

How will this project progress your practice as an artist or arts organisation?

Must be no more than 1500 characters.

Describe our claims against the assessment criteria.

Anticipated start date

Anticipated end date

Events on City owned land must start at least 3 months after application, other projects must start at least 2 months after application.

Where will your project take place?

How will you demonstrate delivery of your project and outcomes to the City of Melville?

Must be no more than 1500 characters.

For example, provide photos of work, provide numbers of people attending events.

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If you are partnering with other organisations or individuals, do you have confirmation of their participation? *

Must be no more than 1500 characters.

Please upload letters of support from partners in the project (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes
e.g. planning; major activities.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

Budget

Total Amount Requested

What is the total financial support you are requesting in this application?

Total Project/Program Cost

This number/amount is calculated.
The figure is based on the total expenditure in the table below.

Expenditure

Please outline your project costs in the table below.

If you are registered for GST please include GST exclusive amounts (GST will be added to the total). If you are not registered for GST please include GST inclusive amounts.

Provide clear descriptions for each budget item

You will need quotes or screenshots of advertised prices for purchases or hire of any items \$200 or more, and two written quotes for items of \$2,000 or more. You can upload these in the file upload area below.

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Note, receipts will be required for all expenditure on completion of the project.

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Will the City of Melville grant be used for this expense?
		\$	
		\$	
		\$	
		\$	

Total Expenditure

Total Expenditure Amount

\$

This number/amount is calculated.

Quotes

Please attach quotes for those expenditure (cost) items \$200 or more, and two quotes for items \$2000 or more.

Attach a file:

Income

Income Type	Income Amount
	\$
	\$
	\$
	\$

Income Total

Total Income Amount

\$

This number/amount is calculated.

What other inputs or in-kind contributions will you use in order to successfully carry out this project?

Confirmed?

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono contributions, and other types of support.	

Applicant Capacity

* indicates a required field

Now that we know about your project, we want to find out more about your ability to undertake the work you propose. Please provide some information about you or your organisation that will give us confidence that you can complete the work you've described in this application. *

Must be no more than 1500 characters.

Include information about past work that demonstrates your capacity to undertake this work. Explain your strategies for providing the inputs (money, staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, etc.). Provide links to further explanatory material if available/relevant. Upload your CV below if relevant.

Upload your CV here

Attach a file:

What career stage do you identify with?

- ☐ Emerging
- ☐ Mid-career
- ☐ Established
- ☐ Other

Please provide a link to or attach a copy of your most recent Annual Report (organisations only).

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance or a Balance Sheet / Statement of Financial Position).

Upload files

Attach a file:

or

Provide web link:

Must be a URL

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that 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 letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a Senior Staff Member, Chairperson, Committee Convenor or President

Position *

Must be a Senior Staff Member, Chairperson, Committee Convenor or President

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

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You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Must be no more than 400 characters.

How did you hear about this grant opportunity? *

- ☐ eNews
- ☐ Email
- ☐ Facebook
- ☐ Flyer
- ☐ Google
- ☐ Instagram
- ☐ Newspaper
- ☐ Word of mouth
- ☐ Website
- ☐ Other: