Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the <u>Canning Bridge Place</u> <u>Grants</u> guidelines.

Incomplete applications will not be considered.

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 and request the Place team or email CanningBridge.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:
 - incorporated group or organisation with an ABN that live, work, own property/ business or can demonstrate a strong commitment to the Canning Bridge Activity Centre (can apply for up to \$30,000)
 - unincorporated group or individual without an ABN that live, work, own property/business or can demonstrate a strong commitment to the Canning Bridge Activity Centre (can apply for up to \$2000)
- has demonstrated ability to deliver the project, experience and the capacity/time/ support to do so.
- does not owe any acquittal reports or money to the City of Melville as a result of previous funding or grants
- has appropriate insurances and licences (including public liability insurance, building licences). Community groups may include the cost of event public liability insurance (if they don't have it already) in their application for consideration.
- can provide quotes or indicative costs to deliver initiative, including all associated costs like licences/ traffic management.
- is not a government agency.
- is able to provide the activities and events for free or low cost to the community.
- if a business must be able to demonstrate that they own the property or have a commercial lease agreement with at least three months.
- is applying at least three months prior to an event or activity commencing.
- is not applying for anything that is listed as not eligible in the guidelines.

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 <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>. To view our privacy statement, go to https://www.melvillecity.com.au/privacy

Applicant or Organisation Details

Applicant or	r organisation name, or if	applying as an a	rtist, artist name *
Individual	Organisation		

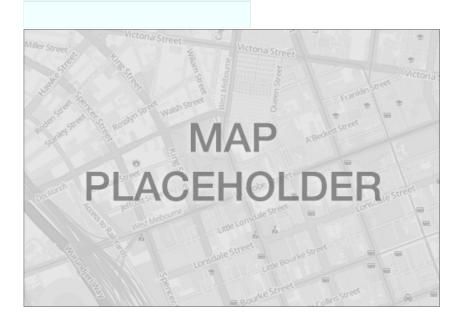
Organisation Name

Title	First Name	Last 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, ACNC or ATO.

Applicant Primary Address

Address



Applicant Postal Address

Address	
Applicant website	
Must be a URL	
Primary contact person *	
Title First Name Last	Name
This is the person we will correspond the City if they leave the organisatio	with about this grant. It is the applicant responsibility to advise n.
Position held in organisation	if applicable
a a Managar Daard Mambar Canua	
e.g. Manager, Board Member, Conve	ner
Primary phone number *	
Back-up phone number	
Must be an Australian phone number	
Primary contact person's ema	ail address *
This is the address we will use to cor	respond with you about this grant.
Name and position of back up	contact

Organisation Details

* indicates a required field

Legal structure and grant limits

What is your organisation's legal structure? *

- O Incorporated organisation/community group or a business with an ABN, based in or providing a service/event/activation in the Canning Bridge Activity Centre (City of Melville) (can apply for up to \$30,000)
- O Unincorporated community group or individual without an ABN based in or providing a service/event/activation in the Canning Bridge Activity Centre (City of Melville) (can apply for up to \$2000)

If incorporated, what is	your incorporation numbe	r?
Incorporated Association or Au	ustralian Corporation Number	
What is your organisation	on's/group's nature of worl	k and purpose or mission? *
Must be no more than 400 cha	aracters.	
Does your organisation/ O Yes	business have an ABN? * O No	
ABN *		
The ABN provided will be use check that you have entered		nformation. Click Lookup above to
Information from the Australia	an Business Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	<u>More information</u>	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN		
As you do not have an ARN	nlease submit a completed	ATO Statement by a Supplier Form
		grant may be withheld. Download
Please upload completed Attach a file:	d Statement of Supplier Fo	orm:
Max 25mb		

Do you/the applicant have appropriate insurance and approvals for the project (or have at least started enquiries)? * □ No □ Yes
For example public liability, building permit, event application, etc. Note if you are a community group without insurance, you can include the cost of acquiring appropriate insurances and approvals in your application budget.
Provide further information on approvals if necessary.
Please upload your public liability insurance Attach a file:
Please upload your approvals (or evidence of enquiries) Attach a file:
Business - Lease or Ownership
If you are a business requesting a grant for shopfront improvement, you must demonstrate that you own the property or have a commercial lease agreement of at least three months.
Or if you are an individual applying to do an activity at a business/private land please attach evidence of approval.
Please upload your evidence of business ownership or lease agreement / or approval to use private land Attach a file:
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 detailed summary of the project or event you are proposing. *

Must be no more than 3000 characters. Be descriptive, but succinct, Include a brief summ	eary of what you will do, who this project is for, how
many people are anticipated to benefit/attendand	
If it is a ticketed event, provide informa	tion on the cost per person.
in it is a tiercited event, provide informa	bersein
If it is an event, provide an estimated n	umber of attendees.
If you have a document with a project p	lan nhoto's etc nlease attach here
Attach a file:	an, photo s, etc picase attach here.
Anticipated start date	Anticipated end date
Provide your best guess, applications for events should start at least 3 months after application.	If unknown, provide your best guess or leave blank
Should Start at least 3 months after application.	
Where will your project take place?	
Ensure that your project, event/activation or shopfront improvement is taking place within	
Ensure that your project, event/activation or shopfront improvement is taking place within the Canning Bridge Activity Centre boundary	
Ensure that your project, event/activation or shopfront improvement is taking place within the Canning Bridge Activity Centre boundary (for eligibility). https://www.melvillecity.com.au/CityOfMelville/media/Images/Canning-Bridge-	
Ensure that your project, event/activation or shopfront improvement is taking place within the Canning Bridge Activity Centre boundary (for eligibility). https://www.melvillecity.com.au/	
Ensure that your project, event/activation or shopfront improvement is taking place within the Canning Bridge Activity Centre boundary (for eligibility). https://www.melvillecity.com.au/CityOfMelville/media/Images/Canning-Bridge-	

Which stream of funding are you applying for?

- Activation/Events
- Shopfront Improvement
- Multiple projects (both streams)

Note: you can only submit 1 application so include multiple projects in the one application.

Assessment Criteria 1

Demonstrate how your project or event/activation aligns with one or more of the <u>At Canning Bridge Development and Place Activation Plan</u> outcomes, which have a positive impact on the local community and/or businesses. Such as:

- Brings people and vibrancy to a neighbourhood or economic hub.
- Enables the business to attract and/or retain customers.
- Celebrates the diversity of the people and the place.
- Improves the safety and the security of the area.
- Activates underutilised or vacant spaces.
- Establish or improve alfresco areas.

Provide as much information as possible on how your project answers the above criteria. *
The plan can be viewed here https://www.melvillecity.com.au/our-city/publications-and-forms/urban-planning/at-canning-bridge-%E2%80%93-community-development-and-plac
Assessment Criteria 2
Demonstrate the community support for the project or activity (including demonstrating engaging with the community or other businesses for support and/or involvement). *
Please upload letters of support (if available/relevant) Attach a file:
A maximum of 5 files may be attached.
Assessment Criteria 3
Demonstrate how you (the applicant/organisation) has the capacity to deliver, including project plan, timeline and have appropriate insurance, licences and approvals. *
Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work.

Upload files if you have project plans, etc to demonstrate the planning or

organisation/staff experience.

Attach a file:

A maximum of 5 files may be attach	ned.
Assessment Criteria 4	
The applicant has strongly consi	dered accessibility and inclusion.
Read and consider the the Bette	r Together Melville Access and Inclusion Plan and provide following three questions (where relevant):
accessible and inclusive to y 2.Describe how you will ensur part of your project, will be	e or event, describe what you will do to ensure that it is your target audience. The any buildings, facilities or spaces used or developed as accessible to our diverse community. The be providing information about your initiative to.
Explain how the project will	promote inclusivity and accessibility. *
Consider the Access and Inclusion st people-with-a-disability/disability-ac	tatements above. https://www.melvillecity.com.au/our-community/cess-and-inclusion-plan
Assessment Criteria 5	
	considered sustainability principles including waste
management and environme	ntai impacts. **
environmental impacts? See this gu	ct does not produce excessive waste or have negative ide for tips https://www.melvillecity.com.au/CityOfMelville/media/r-checklist-for-grant-funded-projects_3.pdf
Budget	
* indicates a required field	
Total Amount Requested *	\$ Must be a dollar amount. This should equal the budget table below. What is the total financial support you are requesting in this application? Not including GST if you are registered, and including GST if you are not registered for GST.
Are you registered for GST *	□ Yes □ No

Expenditure

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

If you are **registered for GST** please take out the GST from the expenditure item (GST will be added to the grant amount approved).

If you are not registered for GST please include GST inclusive amounts.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'Canning Bridge Place Grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'marquee hire', 'facilitator', 'workshop materials', 'insurance'. Ensure that these costs have not already been incurred and paid.

Include any City of Melville costs for event applications, approvals, etc.

Use the 'Notes' column for any additional information you think we should be aware of.

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

Budget - Expenditure - Items you are requesting to be funded by the City of Melville grant

Expenditure Expenditure Typ		e Expenditure AmountNotes (\$) Excluding GST if you are registered for GST	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Total Expenditure (this is the amount you are requesting for the City of Melville grant)

Total	Expend	iture 🌶	Amount	(Grant	request)
-------	--------	---------	--------	--------	----------

\$

This number/amount is calculated.

Quotes

Attach a file:

quotes for items \$2000 and over.

figures for each table total correctly.

Income Type

Income

Description

Budget - Exper City of Melville	nditure - Other items grant	s not requesting co	ntribution from
Expenditure Description			Notes
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total Other Exp	penditure		
Total Other Expers \$ This number/amount	nditure Amount (not in	cluded in grant reque	st)
Total Combine	d Expenditure		
Total combined e \$ This number/amount			
Income			
Your budget MUST	balance (TOTAL INCOME	AMOUNT = TOTAL EXPE	NDITURE AMOUNT).

Please attach quotes for those expenditure (cost) items \$200 and over, and two

Income Amount Notes

(\$)

Please do not add commas to figures - e.g. type \$1000 not \$1,000 - this will ensure your

Confirmed

Funding?

		\$		
		\$		
		\$		
		P		
Total Income				
Total Income Amoun	t			
\$ This number/amount is ca	lculated.			
What other inputs or contributions will yo successfully carry or	u use in order to	Confirmed?		
Non-financial inputs could time/expertise, equipmer contributions, advocacy, support.	l include staff/volunteers it, facilities, pro bono			
Applicant Capac	ity			
		vide a link to or at nt Annual Report.	tach a copy of your	
	with your m a Profit and	iost recent financial s Loss Statement / Sta	report, please provide us statements (may include stement of Financial et / Statement of Financial	
Upload files	Attach a file	Attach a file:		
	or			

Must be a URL

Provide web link:

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.

Name of authorised person * Title First Name Last Name Must be a senior staff member, board member or appropriately authorised volunteer 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 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: O Very easy O Easy O Neutral O Difficult O Very difficult How many minutes in total did it take you to complete this application? *	I agree *	○ Yes		○ No		
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 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: O Very easy O Reutral O Difficult O Very difficult		Must be a	senior staff member,		appropriately	
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 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 Read Difficult Very difficult	Position *			, Chairperson, Com	mittee	
Must be an email address. Date * Must be a date Applicant Feedback 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 Neutral Difficult Very difficult	Contact phone number *			hat this application	is authorised	
Date * Must be a date Applicant Feedback 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 Neutral Difficult Very difficult	Contact Email *	Must be ar	a email address			
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: O Very easy O Reutral O Difficult O Very difficult	Date *					
click the SUBMIT button please take a few moments to provide some feedback. Please indicate how you found the online application process: O Very easy O Reutral O Difficult O Very difficult	Applicant Feedback					
 ○ Very easy ○ Basy ○ Neutral ○ Difficult ○ Very difficult 						
How many minutes in total did it take you to complete this application? *					ery difficult	
Estimate in minutes i.e. 1 hour = 60		d it take	you to complete	this applicatior	1? *	

Please provide us with your suggestions aboadditions to the application process/form th	
Must be no more than 400 characters.	
How did you hear about this grant opportun	nity?
□ Other:	