### Eligibility

\* indicates a required field

### Applicants please note

Before completing this application form, you should have read the information and guidelines on the My Community Grants - Sustainable Melville 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 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.
- is one of the following:
  - incorporated not for profit organisation based in or providing a service in the City of Melville (can apply for up to \$6000)
  - unincorporated community group based in the City of Melville (can apply for up to \$2000)
  - business based in the City of Melville (can apply for up to \$6000 with matched funding in cash or in kind)

P	lease	se	lect	be	low:	*
---	-------	----	------	----	------	---

○ 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 <a href="https://www.melvillecity.com.au/privacy">https://www.melvillecity.com.au/privacy</a>

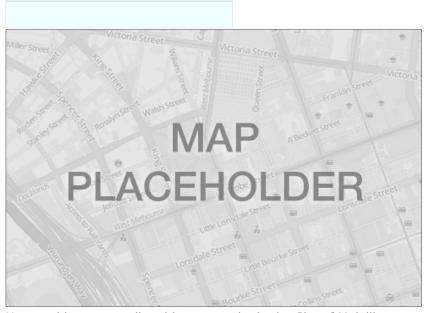
### **Applicant Organisation Details**

Name of your organisation. \*

Organisation Name

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

# **Applicants Primary Address** Address



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

<b>Applica</b> Address	nts Postal Add	ress
Applica	nts website	
Must be	a URL	
	t person * First Name	Last Name

This is the person we will correspond with about this grant
Position held in organisation *
e.g. Manager, Board Member, Convener
Contact persons phone number *
Contact persons email address *
This is the address we will use to correspond with you about this grant.
Back-up phone number
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.
please describe.
Organisation Details
Organisation Details  * indicates a required field
Organisation Details  * indicates a required field  Legal structure  What is your organisations legal structure? *  O Business based in the City of Melville  O Incorporated not for profit organisation based in the City of Melville

What is the nature of your business or work?

Must be no more than 400 charac	ters.	
<b>Does your organisation/bus</b> ○ Yes	siness have an ABN? *  O No	
O res	O NO	
ABN *		
The ABN provided will be used check that you have entered tl	to look up the following information he ABN correctly.	n. Click Lookup above t
Information from the Australian B	Jusiness 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		
	your application is successful you w	
completed ATO Statement by a be withheld. Download the for	a Supplier Form, otherwise $48.5\%$ o	f any approved grant n
be withheld. Download the form	THOM <u>are Aro</u> .	
Project Details		
•		
* indicates a required field		
Project title:		
Provide a name for your project/p	rogram/initiative. Your title should be sh	nort but descriptive
		•

Please provide a summary of your project. \*

Must be no more than 1500 characters.  Be descriptive, but succinct. Include a brief summary of what you will do, and what results you experience (outcomes).
Does the applicant have appropriate insurance for the event? * □ Yes
<ul><li>□ No</li><li>□ Not applicable</li></ul>
Which of the following assessment criteria does your project address? *  □ supporting the community to transition to net zero □ adapt to climate change □ implement 'rewilding' principles; to protect and enhance native biodiversity
implement rewnamy principles, to protect and emilance native bloarversity
How will your project support the community to transition to net zero? *
Must be no more than 1500 characters. Describe your claims against the assessment criteria.
How will your project support adaption to climate change?
Must be no more than 1500 characters.  Describe your claims against the assessment criteria.
How will this project implement 'rewilding' principles; to protect and enhance
native biodiversity?
Must be no more than 1500 characters.  Describe our claims against the assessment criteria.
How will you ensure that people with disability will have access to your project?

How will you ensure that your project does not produce excessive waste or have negative environmental impacts?  $^{\ast}$ 

Please upload letters of sup	oport (if available/relevant)
Attach a file:	
Anticipated start date	Anticipated end date
Events on City owned land must st months after application, other pro at least 2 months after application	ojects must start
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
If you are partnering with o confirmation of their partici	other organisations or individuals, do you have ipation? *
Must be no more than 1500 charac	cters.
Please upload letters of sup relevant) Attach a file:	oport from partners in the project (if available/
	had
A maximum of 5 files can be attacl	neu

Milestone	known)	known)	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 or not applicable)	Add explanatory notes if required

### Sustainable Melville 2023-2024

Form Preview

### **Budget**

Total Amount Requested	\$	
	What is the total f application?	inancial support you are requesting in this
Total Project/Program Cost	\$	
Cost	This number/amou	unt is calculated. d 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.

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

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

## **Total Expenditure**

## Total Expenditure Amount

This number/amount is calculated.

#### Quotes

## Sustainable Melville 2023-2024

Form Preview

Please attach quotes for those expendi quotes for items \$2000 or more.  Attach a file:	ture (cost) items \$200 or more, and two
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/volunteer time/expertise, equipment, facilities, pro bono contributions, and other types of support.	S
Applicant Capacity	
* indicates a required field	
your organisation's ability to under tak	program, we want to find out more about e the work you propose. Please provide ion that will give us confidence that you 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.

## 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 *	O Yes		○ No	
Name of authorised	Title	First Name	Last Name	
person *		Senior Staff Member or President	r, Chairperson, Com	mittee
Position *				
		Senior Staff Member or President	r, Chairperson, Com	mittee

## Sustainable Melville 2023-2024

Form Preview

Contact phone number *		
	We may contact you to verify that thi by the applicant organisation	s application is authorised
Contact Email *		
	Must be an email address.	
Date *		
	Must be a date	
Applicant Feedback		
	oplication process. Before you revie take a few moments to provide sor	
Please indicate how you found ○ Very easy ○ Easy	d the online application proces  O Neutral  O Difficult	SS:  O Very difficult
How many minutes in total di	d it take you to complete this a	application? *
How many minutes in total di Estimate in minutes i.e. 1 hour 60	d it take you to complete this a	application? *
Estimate in minutes i.e. 1 hour 60  Please provide us with your s	d it take you to complete this a uggestions about any improve rocess/form that you think we	ments and/or
Estimate in minutes i.e. 1 hour 60  Please provide us with your s	uggestions about any improve rocess/form that you think we	ments and/or