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)

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
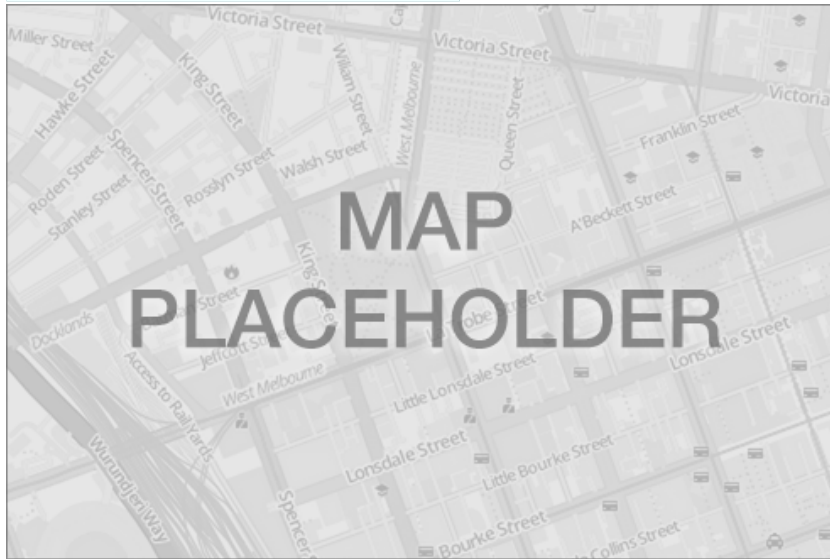
Applicant Organisation Details

Name of your organisation. *
Organisation Name

Please use your organisations 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.

Applicants Primary Address
Address

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

Applicants Postal Address
Address

Applicants 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 *

[   ]

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.

[   ]

Organisation Details

* indicates a required field

Legal structure

What is your organisations legal structure? *
- ○ Business based in the City of Melville
- ○ Incorporated not for profit organisation based in in the City of Melville
- ○ Unincorporated group based in the City of Melville

If incorporated, what is your incorporation number?

[   ]

Incorporated Association or Australian Corporation Number

What is the nature of your business or work?

Word count:

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. *

Word count:
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).

Do you currently have or plan to have appropriate insurance for the project? *
☐ Yes
☐ No
☐ Not applicable

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

How will your project support the community to transition to net zero? *

Word count:
Must be no more than 1500 characters.
Describe your claims against the assessment criteria.

How will your project support adaption to climate change?

Word count:
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?

Word count:
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? *

Word count:

How will you ensure that your project does not produce excessive waste or have negative environmental impacts? *

Word count:

Please upload letters of support (if available/relevant)
Attach a file:

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?

Word count:
Must be no more than 1500 characters.
For example, provide photos of work, provide numbers of people attending events.

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 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.

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

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Please include your City of Melville funding request in the income table below.

Income Description:COM Grant.   Income Type: City of Melville Grant: Confirmed Funding: Unconfirmed.   Income Amount:$

 Please do not add commas to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding	Income Amount	Notes
			Must be a number.	

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

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

Word count:
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

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

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: