Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **My Community Grants** 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 or email 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 not for profit based in or providing a service to the City of Melville
    - unincorporated community group 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
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not a government agency
- has not already received a City of Melville Thrive grant this financial year.

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
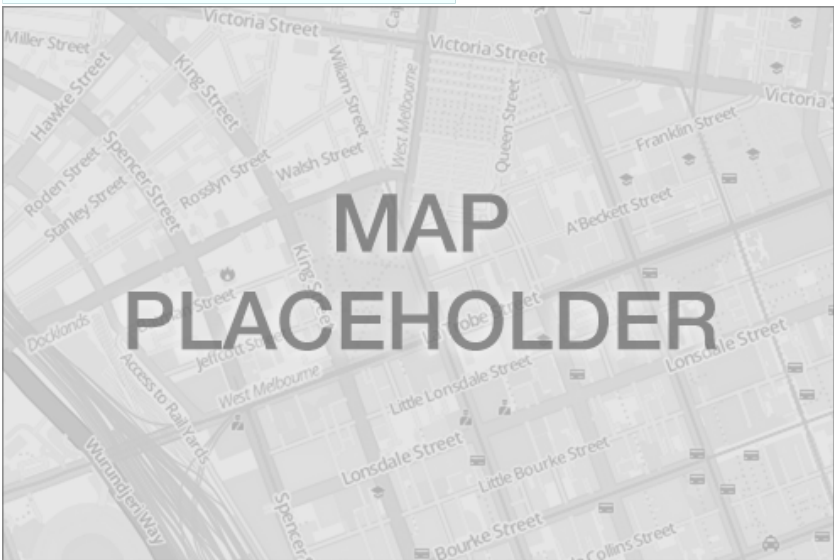
Applicant Organisation Details

Applicant organisation 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, 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 with about this grant. It is the responsibility of the applicant to advise the City if they are leaving the organisation.

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Primary contact person's email address *

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

Back-up phone number

Must be an Australian phone number

Contact name and position of back up contact

Organisation Details

* indicates a required field

What is your organisation's legal structure?
○   Incorporated not for profit organisation based in or providing a service to the City of Melville
○   Unincorporated community group based in the City of Melville

If incorporated, what is your incorporation number?

Incorporated Association or Australian Corporation Number

What is your organisation's purpose or mission? *

Word count:
Must be no more than 400 characters.

Who are the primary beneficiaries of this project/program?

No more than 5 choices may be selected.
Please choose only the group/s that your organisation is involved with.

Does your organisation 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, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO.

Please upload completed Statement of Supplier Form:
Attach a file:

Max 25mb

Do you currently have or plan to have appropriate insurance for the project? *

☐ Yes
☐ No
For example public liability

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 short 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, who this project is for, and what results you expect (outcomes).

Which of the following assessment criteria does your project address?
☐ Supports new community organisations to become established
☐ Builds the capacity of volunteer run groups

How does your project address the above assessment criteria? *

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

Anticipated start date

Provide your best guess, projects must start at 2 months after application.

Anticipated end date

If unknown, provide your best guess or leave blank

Where will your project take place?

Please tell us about the outcomes you expect to see as a result of this initiative.

Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation.
- Actions, behaviour.
- Social, financial, physical conditions.

*****

Word count:
Must be no more than 1500 characters.

Please upload letters of support (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; evaluation	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, if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

Budget

Total Amount Requested

$

Must be a dollar amount.
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 total expenditure in the table below.

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 do not include GST amounts (GST will be added to the grant funds approved)

If you are not registered for GST please include GST (ie cost including GST)

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'My Community Grants', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'marquee hire', 'facilitator', 'workshop materials'.

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

You will need quotes or screenshots of advertised pries for purchases or hire of any items over $200 . You can upload these in the file upload area below.

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.

Please attach quotes for those expenditure (cost) items over $200 and two quotes for items over $2000.

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.

eg: 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
			$	
			$	
			$	
			$	

Total Income

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, advocacy, and other types of support.	

Applicant Capacity

* indicates a required field

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

Word count:
Must be no more than 1500 characters.
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. Provide links to further explanatory material if available/relevant.

Please provide a link to or attach a copy of your most recent Annual Report or financial statement.

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 and 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

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 search
☐ Instagram
☐ Newspaper
☐ Poster
☐ Word of mouth
☐ Searched City of Melville website
☐ City of Melville staff member
☐ Other: