

# BUSINESS SUPPORT GRANT



**Wyalkatchem**

Office Hours  
8:00am – 4:30pm  
Monday to Friday

27 Flint Street  
PO Box 224  
WYALKATCHEM WA 6485

(08) 9681 1166

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www.wyalkatchem.wa.gov.au

## Section A: APPLICANTS DETAILS

<b>Name of Organisation:</b>					
<b>Postal Address</b>					
<b>Contact Person:</b>					
<b>Email:</b> (will be used for funding remittance)					
<b>Phone:</b>		(b/h)			(Mobile)
<b>Is your organisation registered for GST?</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<b>ABN:</b>
<b>Is your organisation Incorporated?</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<b>Incorporation No.</b>
<b>Do you have public liability Insurance?</b>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	

## Section B: PROJECT / EVENT SUMMARY

<b>Type of Project/Event:</b>			
<b>Name of Project/Event:</b>			
<b>Project or Event Date/s:</b>	Start Date:		Finish Date:
<b>Total Budget:</b>	\$		
<b>Requested Funding:</b>	\$		
<b>Project description</b> Objectives, expected outcomes, proposed actions / purchases You are welcome to attached additional pages, or your project plan, should there be insufficient space.			
<b>Will revenue be generated as a result of the event?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Expected Revenue:</b> \$
<b>Is this a fund raising event?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Beneficiaries?</b>
<b>Are you working with any other community groups or businesses in delivery of this event?</b>	<b>Group/business</b>	<b>Contact Name</b>	<b>Phone</b>
<b>Have you applied for other external funding?</b>	<b>Funding Body</b>	<b>Status</b>	<b>Amount \$</b>

## Section D: PROJECT BENEFITS

You are welcome to attach additional pages, or your project plan, should there be insufficient space.

**Why is this project important?**

**Please describe how this project will benefit members of your organisation**

**Does your project benefit the wider community? Please CLEARLY explain how others will benefit from your project**

**Does your project meet any of the bUSINESS Grant objective/s**

**If Yes, please state which objective your project meets and how your project will achieve that objective/s**

YES     NO

**If no, please provide a comprehensive explanation as to why Council should consider your proposal**

## Section C: FINANCIAL DETAILS

**BUDGET** Please provide a detailed budget for the event / activity you are requesting support from Council. All costs should be itemised in the space provided below. Please note that your income and expenditure should match. If the event / activity is fundraising to be retained please indicate as retained profit. Please refer to guidelines for in-kind support information.

INCOME						
INTERNAL FUNDING – CASH					AMOUNT	
1.	Applicants Cash Contribution:				\$	
2.	In-Kind Volunteer Labour:		Hours @\$25		Hours @\$40	\$
3.	In-Kind Donated materials:				\$	
4.	Other:				\$	
5.	Fundraising – Retained Surplus				\$	
6.	<b>TOTAL INTERNAL FUNDING (SUM OF 1:5)</b>				<b>\$ 0</b>	
EXTERNAL FUNDING					AMOUNT	
7.	Shire of Wyalkatchem Funding:				\$ 0	
8.	Funding Organisation 1:				\$	
9.	Funding Organisation 2:				\$	
10.	Participant fees (if applicable):				\$	
11.	Other:				\$	
12.	Other:				\$	
13.	<b>TOTAL EXTERNAL FUNDING (SUM OF 7:12)</b>				<b>\$ 0</b>	
14.	<b>TOTAL INCOME (6 + 13)</b>				<b>\$ 0</b>	
EXPENDITURE						
	ITEM					AMOUNT
15.						\$
16.						\$
17.						\$
18.						\$
19.						\$
20.						\$
21.						\$
22.						\$
23.						\$
24.						\$
25.	<b>TOTAL EXPENDITURE</b>				<b>\$ 0</b>	

<b>Total Cost of Project / Event (25)</b>	\$ 0
<b>Amount of Council Funding (7)</b>	\$ 0
<b>Your Internal Funding (6 minus 5)</b>	\$ 0
<b>Fundraising Profit (5)</b>	\$ 0
<b>Contribution from Other Sources (13 minus 7)</b>	\$ 0

## Section E: Declaration

I hereby declare that the information supplied on behalf of the named organisation is correct. I consent to the Shire of Wyalkatchem collecting the personal contact details provided above. We acknowledge your right to have access to our personal information, in accordance with the Privacy Act 2000.

I also declare that I have read the Shire of Wyalkatchem Business Grant Policy and guidelines and agree to comply with the provisions included.

Signature			
Name:		Date:	
Position*: *Must be an executive committee member			
Bank Account:			
	BSB Number	Account Number	
Account Name:			

Office Use Only							
Date Received:		Records Ref:		File Ref:			
Approval under delegated Authority? <input type="checkbox"/> YES <input type="checkbox"/> NO*				* Report to Council required.			
Authorised Officer under the instrument of Delegation number 1.2.18							
<input type="checkbox"/> Approved	Approved \$	<input type="checkbox"/> Declined	Reason:				
*if No, Council Meeting Date:		*Outcome of Council Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined, OMC No			
Applicant Notified	<input type="checkbox"/> YES	Date:		Records Ref:		File Ref:	

Stamp of Authorised Officer

Signature

Date