

Corner of Flint St and Honour Ave
PO Box 224
WYALKATCHEM WA 6485
Telephone 08 9681 1166
Email general@wyalkatchem.wa.gov.au
Website www.wyalkatchem.wa.gov.au

# **Shire of Wyalkatchem**

# 2023/2024 Community Budget Submissions

# **Submission Form**

# Community Group Applicant Contact Name Phone Email Submission Title Amount Requested \$ Total Project Cost \$ OFFICE USE ONLY APPROVED \$ OR % up to \$

CLOSES – 4pm Monday 6 February 2023

If you have any queries regarding this form, please contact the shire's Manager of Corporate Services on 08 9681 1166 or <a href="mailto:corporate@wyalkatchem.wa.gov.au">corporate@wyalkatchem.wa.gov.au</a>. Please return the completed application and any accompanying documentation no later than:

4pm Friday, Monday 6 February 2023.

### **Contact Details**

Community Group Name	)		
Contact Person			
Position Held			
Postal Address			
Tax & Bank Informa	<u>tion</u>		
Does your organisation have an ABN?	Yes No	ABN Number	
Is your organisation registered for GST?	Yes No	GST Registration Date	
Bank Account Name			
Bank & Branch Name			
BSB			
Account Number			

Is your organisation Not-for-Profit?

Please attach a copy of your Certificate of Incorporation

Yes/No

# **Project/Submission Description**

Provide details of who will benefit from your budget submission?
Are you working with any other local community groups, businesses or service providers in regard to this submission? If yes, provide details.

## PROPOSED BUDGET

INCOME (inc GST)						
Details of funding sourced from other organisations (private business, sponsorship, fundraising, donations etc)						
Shire Contribution Requested	\$					
Community Group Cash Contribution	\$					
Community Group In-Kind Contribution (volunteer labour)	\$					
Other Funding i.e Sponsorship (please attach documentation)	\$					
TOTAL PROJECT INCOME/FUNDING	\$					

EXPENDITURE (inc GST)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL EXPENDITURE	\$

### **Authorisation**

The authorised person signing this application should be an executive member, i.e. president, vice-president, secretary or treasurer.

I, (name)_	certify	that	ı	hold	the	position	of		
i, (ildinio)		triat	•	Tiola	uic	position	Oi		
				with	(	(organisati	ion)		
				_ and	am au	uthorised t	to		
submit this submission on behalf of the organis	sation.								
Signed:	Date:								
Check list									
Please ensure you attach the following to your	application	on:							
Quotes from suppliers if applicable									
☐ Copy of your Certificate of Incorporation (if	applicable	e)							
☐ Copy of current Statement of Financial Pos	ition.								
Details of other funding i.e. sponsorship.									