

QUICK RESPONSE GRANT



27 Flint Street
PO Box 224
WYALKATCHEM WA 6485

(08) 9681 1166

general@wyalkatchem.wa.gov.au
www.wyalkatchem.wa.gov.au

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

Section A: APPLICANTS DETAILS

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

Section B: PROJECT / EVENT SUMMARY

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

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 Community 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.	TOTAL INTERNAL FUNDING (SUM OF 1:5)					\$
EXTERNAL FUNDING						AMOUNT
7.	Shire of Wyalkatchem Funding:					\$
8.	Funding Organisation 1:					\$
9.	Funding Organisation 2:					\$
10.	Participant fees (if applicable):					\$
11.	Other:					\$
12.	Other:					\$
13.	TOTAL EXTERNAL FUNDING (SUM OF 7:12)					\$
14.	TOTAL INCOME (6 + 13)					\$
EXPENDITURE						
	ITEM					AMOUNT
15.						\$
16.						\$
17.						\$
18.						\$
19.						\$
20.						\$
21.						\$
22.						\$
23.						\$
24.						\$
25.	TOTAL EXPENDITURE					\$

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

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 Community Strengthening Grant and sponsorship 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