

REQUEST FOR FEE REDUCTION



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: ACTIVITY / EVENT SUMMARY

Type of Activity/Event:				
Name of Activity/Event:				
Event Location / Venue:				
Activity or Event Date/s:				
Project description Objectives, Expected outcomes, proposed Actions / Purchases				
Will revenue be generated as a result of the activity or event?	YES	NO	Expected Revenue:	\$
Is this a fund raising activity / Event?	YES	NO	Beneficiaries?	
Are you working with any other community groups or businesses in delivery of this activity / event?	Group/business	Contact Name	Phone	
Have you applied for other external funding?	Funding Body	Status	Amount \$	
Type of fee /charge that you are requesting to be waived or reduced?				

Section C: COMMUNITY BUS USE

If your request is to waive / reduce the costs associated with the Community Bus, please complete section C. Please note that the requirement to re-fuel the bus after use will still be applicable and will not be included in any fee adjustment.

Date/s of Use						
Expected Km's						

Section D: FACILITY USE

If your request is to waive / reduce the costs associated with the facility hire, please complete section D

Venue:						
Date/s of Use						
Hours required						

Section E: Other Services

If your request is for other Council Services, please complete section E. Please note if the request is related to Private Works, a private works quotation will need to be sought in advance. Works cannot commence prior to funding approval. Applicants will need to adhere to the Private works process including acceptance of quotation, acceptance of estimate only and scheduling requirements.

Date	Details of Shire Services	Estimated Costs
		\$
		\$
		\$
		\$
		\$
		\$

Section F: Objective Requirements

Does your project meet any of the Community Grant objective/s	YES NO
If Yes, please state which objective your project meets and how your project will achieve that objective/s	
If no, please provide a comprehensive explanation as to why Council should consider your proposal	

Section G: 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:	\$
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 / Fee Reduction:	\$
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)	\$
Fundraising Profit (5)	\$
Your Internal Funding (6 minus 5)	\$
Contribution from Other Sources (13 minus 7)	\$

Section H: 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