

Event Funding - Application Form

Form Preview

Current Contact Details

* indicates a required field

Please help us keep our database up to date. Please enter the current best contact details for yourself and/or the organisation that you represent.

You may be asked some of these questions again within the funding application, but by keeping our database up to date, we can ensure you will be the first to know about any new funding that might become available.

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address

Address

Your Primary Phone Number *

Must be an Australian phone number.
If using a landline please add (08) at the front.

Other Phone Number

Must be an Australian phone number.
If using a landline please add (08) at the front.

Applicant Email *

Must be an email address.

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Organisation Details

Applicant Position *

What position do you hold within the organisation?

Organisation Email

Must be an email address.

Organisation Website

Must be a URL.

Chairperson or CEO *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Chair Person or CEO Phone Number *

Must be an Australian phone number.

If using a landline please add (08) at the front.

Chairperson or CEO Email *

Must be an email address.

Eligibility

* indicates a required field

Community Event Funding Grants are available for amounts up to \$4,000. For groups who can provide an additional cash contribution from their own group or a third party sponsor event partner, the City will match this contribution dollar for dollar up to an additional \$1,000 (\$5,000 total available funding per event).

50% Payment will be made to successful applicants on completion of funding agreement. The remaining 50% will be paid on submission of the Health Application Form for the event.

An **event** is defined as a stand-alone activity that usually takes place once or twice a year (e.g. Alcoa Children's Festival).

Before completing this application form please read the [Community Event Funding Guidelines](#).

Please complete the Confirmation of Eligibility below before moving on through the form to ensure your application is eligible to be considered for this funding.

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Please note any successful grants over \$500 will be detailed on the City of Kwinana's online grant register for a period of 5 years. Details of the application will include

- Name
- Brief description of the project
- Amount Awarded
- Acquittal Status

If you have any questions in regards to the Community Event Funding application, please contact the City on **9439 0251** or email grants@kwinana.wa.gov.au and quote the below application number.

Application Number

This field is read only.

The identification number or code for this submission.

Applications will only be considered if:

- The applicant has current public liability insurance of \$10mil or more at the time of the event
- The event has meaningful benefits for the Kwinana community
- The applicant has supplied quotes for all purchases over \$500 in accordance with the General Grant Guidelines
- The event takes place within the boundaries of the City of Kwinana
- The application is received by the City a minimum of eight (8) weeks prior to the planned event date

Applications will not be considered:

- For commercial organisations or activities
- For general fundraising activities
- For projects that discriminate, exclude or offend minority groups
- For projects that will rely on ongoing funding from the Program
- For projects that contravene the policies of the City of Kwinana
- For projects that have received funding through one of the other City of Kwinana Funding Programs (e.g. Kwinana Community Funding)
- For previous recipients who have not fulfilled the conditions of their previous funding
- For applicants who do not complete the application correctly

Confirmation of Eligibility

I confirm that the Applicant:

- Will deliver the project within the City of Kwinana
- Has not received other City of Kwinana funding for this project (e.g. Kwinana Community Funding, Donation etc.)

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- Does not have any outstanding grants that have not had their funding conditions fulfilled (e.g. all acquittals have been submitted)
- Has (or will have) current public liability insurance to the value of at least \$10mil at the time of the event

Please confirm that you meet the eligibility criteria *

- Yes
 No

Applicant Details

* indicates a required field

Personal Information

Applicant First Name *

Applicant Last Name *

Phone Number *

If using a landline number please add (08) at the front.

Email *

Organisation's Details

Organisation Name *

Is the organisation based in the City of Kwinana? *

- Yes No

Organisation Website

Must be a URL.

Organisation's Secondary Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Secondary Contact's Phone Number *

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Must be an Australian phone number.

Secondary Contact's Email *

Must be an email address.

Is your organisation incorporated? *

- Yes No

Please attach a copy of your Certificate of Incorporation

Attach a file:

Will you be applying for this grant through an auspicing body? *

- Yes No

An auspicing body is an incorporated group that applies for a grant on behalf of an unincorporated group. The auspicing body is responsible for the financial management of the grant.

Is your organisation registered with an Australian Business Number (ABN)? *

- Yes No

What is your organisation's Australian Business Number (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.

Is your organisation registered for Goods and Services Tax (GST)? *

- Yes No

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Do you have current public liability insurance? *

Yes No

This must be current and provide cover for at least \$10mil.

Please upload a copy of your organisations public liability insurance Certificate of Currency.

Attach a file:

Please provide proof you have current PLI of \$10mil or more. Please note: If you do not upload the Certificate of Currency here a City Officer will contact you for proof of insurance before your application can be progressed to the assessment panel.

About the Organisation

In this next question we would like for you to describe your organisation in 150 words or less.

Information could include:

- How long the organisation has existed
- The organisations history
- Current membership including relevant membership growth
- A hyperlink to the groups constitution (or you can upload below) or mission statement
- Any other information that might be useful for the assessment panel when making their decision

Please describe your organisation and its purpose: *

Word count:

Must be no more than 150 words.

Organisation's Constitution

Attach a file:

Tell us about any previous City of Kwinana funding

Has your organisation (or the auspicing organisation) received funding from any other City of Kwinana funding program within the last three (3) years?

- | | |
|--|--|
| <input type="checkbox"/> Kwinana Community Funding | <input type="checkbox"/> Kwinana Greening Fund |
| <input type="checkbox"/> Community Events Funding | <input type="checkbox"/> Placemaking Grant |
| <input type="checkbox"/> Neighbour Day Funding | <input type="checkbox"/> No - we have not received any City of Kwinana funding in the past 3 years |

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Please tick all that apply. Please leave blank if you have not received any other funding. Please include any applications that you have submitted to the City and are still waiting on an outcome on.

Please provide more details about your previous funding.

If you are unsure of the exact date you received the funding, please pick the first of the month. Please ensure the month and year are correct.

Acquittal Status

- *Completed* means you have provided the City with a detailed report of how the grant money was used. These acquittals often include photos and copies of receipts.
- *In Progress* means the acquittal is not yet due, but will be completed.
- *Not Completed* means that your organisation did not return the required acquittal for this grant.
- *Not Required* means the grant did not require an acquittal.

**Title of the Project f Date Funding Recei Amount of funding r Acquittal Status
unding was granted ved eceived ex GST
for**

		\$	
		\$	
		\$	
		\$	
		\$	
	Must be a date.	Must be a dollar amount.	

If you have any questions regarding your organisations previous funding, please call the City on 9439 0251 and quote the below application number for this grant and any known previous grant application numbers.

Application Number

This field is read only.
The identification number or code for this submission.

About the Event

* indicates a required field

Event Title *

What is your event called?

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Short Event Description *

Word count:

Must be no more than 150 words.

Provide a short description of your event.

Event Date *

Must be a date.

Is the event one-off or ongoing?

One-off

Ongoing

Start Time *

What time will your event begin?

Finish Time *

What time will your event conclude?

Expected Attendance *

Must be a number.

How many people are you expecting at your event?

Event Website

Do you have an event specific website or Facebook page?

Venue *

Where will your event be held?

Has the venue/location been booked and confirmed? *

Yes

No

Please ensure you include all hire fees within your event budget as facility hire fees and charges will still apply to all bookings, regardless of the outcome of this application.

Please note, it is the event organiser's responsibility to book and confirm the venue.

This application does not confirm any facility bookings.

If you wish to use a City of Kwinana facility, please contact the City of Kwinana's friendly Bookings Team on 9439 0407 to inquire about hiring a suitable facility.

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Please ensure you include all hire fees within your event budget as facility hire fees and charges will still apply to all bookings, regardless of the outcome of this application.

Event Outcomes and Beneficiaries

Who are the expected primary beneficiaries of this project/program? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

What are the expected outcomes of the event? *

Word count:

Must be no more than 200 words.

Describe three (3) things you want the project to achieve in terms of benefits for participants and/or others.

How will you know if these outcomes have been achieved? *

Word count:

Must be no more than 200 words.

Describe three changes you will see if the expected outcomes of the event occur.

How will this project develop the skills and confidence of local community members? *

Word count:

Must be no more than 200 words.

Are there any partnerships for this project? *

Yes

No

Are there any other organisations formally working with you to deliver this project?

Partnering Organisation

Partner's Role in Event

Partnering Organisation	Partner's Role in Event
e.g. service organisations, local businesses etc.	What will this partner be doing specific to the event? e.g. developing posters, helping set up on the day.

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Experience

Has your organisation hosted this event or something similar before? *

Yes

No

What is your level of experience hosting an event like this? *

Please tell us your organisations level of experience hosting similar events to the one proposed in this application.

Please provide a brief overview of the previous event(s), the attendance, success and lessons learnt *

Word count:

Must be no more than 200 words.

Accessibility

The City of Kwinana encourages our community organisations to deliver services to our community in an accessible and welcoming manner.

The Disability Services Commission provide a simple checklist to help organisations plan for their services to be more accessible.

As access requirements for people with disabilities will vary depending on the people attending and the type of event, you may find parts of this publication more relevant than others. To use this checklist, just tick "Yes" or "No" to the questions asked. You may also want to make brief comments.

Please download and complete this checklist to demonstrate how your group will deliver your program/training in an accessible and welcoming way.

<http://www.disability.wa.gov.au/Global/Publications/Understanding%20disability/Built%20environment/Creating%20accessible%20events.pdf>

Please upload a copy of your completed checklist here.

Attach a file:

Event Application

Any events hosted within the City of Kwinana with more than 50 people attending are required to submit an Event Application with the City.

This application form is required to be lodged with the City more than 60 days before your event. Please note: Late fees may be charged if the application is submitted less than 60 days before your event date.

More details about the approvals process, and the application form can be found [here](#).

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Has an event application been submitted to the City of Kwinana Health Services Team? *

- Yes - Yes our Application has been approved by the City's Health Team
- Yes - Our Application has been submitted but not yet approved
- No - We have not yet submitted a Health Application
- No - Our event has less than 50 participants or is exempt

Please note this grant does not exempt groups from completing the City's Event Application Form. 50% of successful grant payment will be withheld until this form is submitted.

Will alcohol be sold or served at your event? *

- Sold
- Served
- Neither

Will food be sold or served at your event? *

- Sold
- Served
- Neither

Please note: The City reserves the right to decline funding for food or drinks it deems to be unhealthy i.e. fairy floss and soft drinks.

Acknowledgement

* indicates a required field

If you are awarded funding from the City of Kwinana's Event Funding Program, you will be required to recognise the City of Kwinana's contribution to the event.

How will you recognise the City of Kwinana's contribution? *

- Verbal acknowledgement of contribution (e.g. speech or presentation)
- Written acknowledgement of contribution (e.g. newspaper)
- Logo on fliers/posters
- Media - local community newspaper
- Media - The West Australian, television or radio
- Website
- Social Media
- Signage (e.g. banners)
- Other:

Please detail how you will acknowledge the City's contribution if this application is successful.

If you have any other information about how you will recognise the City of Kwinana you can detail it here

If you have an event poster or flier already created you can upload it here

Attach a file:

Volunteers

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* indicates a required field

Volunteers play an integral role in a community organisation's ability to deliver projects. The City of Kwinana values the hard work of your volunteers and acknowledges that their time and skills contribute towards the value of this project.

Will members of your organisation, or the community be volunteering to help make this event possible? *

Yes No

Volunteer roles could include, planning of the event, creating decorations, setting up and packing up on the day etc. Volunteers must be unpaid for their work.

Volunteering Details

Please provide us with some more details of the different roles each volunteer undertakes and the hours they contribute.

Volunteer hours should not include the hours of your event participants.

Please note: For camps, a maximum of 10 hours per day / per volunteer can be claimed.

Volunteer role	How many people will undertake this role?	On average, how many hours each?	Total hours for role
----------------	---	----------------------------------	----------------------

e.g. planning event, contacting sponsors for donations or event set up on the day.	Must be a number.	Must be a number.	This number/amount is calculated.

Total Value of Volunteer Hours

Please ensure that the number calculated below matches the value listed on your budget.

Total Volunteer Hours

This number/amount is calculated.

Total Volunteer Value

This number/amount is calculated.

Exceptional Volunteers

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If you have any exceptional volunteers who will put in an amazing effort to make this event happen, and who always go above and beyond for the Kwinana community you can share some details about them here.

The City may contact you in the future for more details to recognise this person(s) amazing work in the volunteering sector.

Please provide details below

Word count:

Must be no more than 150 words.

Donations and In-Kind Contributions

* indicates a required field

Will this project be receiving any donations or in-kind contributions? *

- Yes - cash donations Yes - in-kind contributions Yes - both cash donations and in-kind contributions No

This can include prizes, free poster printing, waiving of venue hire fees etc.

Donations Details

A donation refers to a physical item or service being gifted to the organisation from another business or organisation for the express purpose of this event.

This could include donating prizes (both items and gift vouchers), free printing of posters, free hire of portable toilets etc.

Please try to accurately estimate the value of donations. Where possible, check their value on [Google](#) or do your best to estimate it.

Please list cash donations on the following page as income not in this table.

Please list values excluding GST.

Item Donated	Who Donated It	Est. Value
		\$
		\$
		\$
		\$
		\$
		Must be a dollar amount.

In-Kind Contribution Details

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An in-kind contribution is usually an item or service your organisation (or its members) provide to make this event happen; that you would normally have to pay for if it wasn't available in-house.

This could include using the organisations or a members home printer to print posters or forms or using your own hall for the event (meaning no hall hire fees) etc.

Please try to accurately estimate the value of in-kind contributions. Where possible, check their value on [Google](#) or do your best to estimate it.

Please list values excluding GST.

Item Contributed In-Kind	Who Made the Contribution	Est. Value
--------------------------	---------------------------	------------

		\$
		\$
		\$
		\$
		\$
	List the organisation name or "member" etc.	Must be a dollar amount.

Total Value of Donations and In-Kind Contributions

Total Value of Donations and In-Kind

Budget

* indicates a required field

Funding Amount Requested *

Must be a whole dollar amount (no cents) and no more than 5000.

If the full amount of this request is not granted, will your project still go ahead? *

Yes

No

Other Funding Sources

In the table below, please list any attempts to secure funding specific to this event through other sources.

Please list values excluding GST.

Funding Agency	Amount Requested	Status of Application
----------------	------------------	-----------------------

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	\$	
	\$	
	\$	
e.g. Lotterywest	Must be a dollar amount.	Successful, pending or unsuccessful

Detailed Budget

Tips when completing your budget:

- Applicants that can demonstrate their own financial contribution will be considered favourably
- **Please list items excluding GST**
- Quotes must be supplied for all purchases over \$500
- Items listed in the expenditure should only be for things used/hired for the event; if you are purchasing tables that will be used for other things throughout the year these can not be included in the event budget

Budget

Please detail below the specific income and expenditure for your event.

There are some examples of things we might expect to see in your budget listed in this table. You can delete these and/or change them as you need.

Community Event Funding Grants are available for amounts up to \$4,000. For groups who can provide an additional cash contribution from their own group or a third party sponsor event partner, the City will match this contribution dollar for dollar up to an additional \$1,000 (\$5,000 total available funding per event).

Please note: The *Total Income Amount* should match the *Total Expenditure Amount*.

Please list all values excluding GST.

Income	\$	Expenditure	\$
This Grant - up to \$5,000	\$	Marketing & Promotion	\$
Our Organisations Cash Contribution	\$	Venue Hire	\$
Other Sponsorship / Grant	\$	Catering	\$
Fundraising	\$	Facilitator / MC	\$
Ticket Sales	\$	Event Fees	\$
	\$	Equipment Hire	\$
	\$	Entertainment	\$
	\$	Event Fees	\$

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	\$		\$
	\$		\$
	Must be a dollar amount.		

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Variance

\$

This number/amount is calculated.

Total Volunteer Value

This number/amount is calculated.

\$

Total Donations In-Kind Value

This number/amount is calculated.

\$

Total Project Value

\$

This number/amount is calculated.

Quotes

Please upload a copy of all quotes for items valued at \$500 or above.

Applications that do not supply quotes will not be eligible for this funding.

If you have any questions regarding this application and quotes, please call the City of Kwinana on 9439 0251 and quote the below application number.

Application Number

This field is read only.

The identification number or code for this submission.

Quote 1

Attach a file:

Quote 2

Attach a file:

Quote 3

Attach a file:

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Quote 4

Attach a file:

Quote 5

Attach a file:

Any Other Information

Do you have any other information you wish to share to support this application?
This could include information specific to the event or the organisation.

Other Information

Please use this space if you wish to share any other information with the assessment panel.

Other Information

Attach a file:

Please upload any other files you wish to share with the assessment panel.

Other Information 2

Attach a file:

Please upload any other files you wish to share with the assessment panel.

Auspecting Body

* indicates a required field

Auspice Organisation's Name *

Legal Trading Name

Please describe the auspecting organisation and its purpose OR provide a hyperlink to the organisation's constitution that explains the purpose of the group

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Word count:

Must be no more than 150 words.

Alternatively, the auspicng organisation's constitution can be uploaded below

Auspice Organisation's Constitution

Attach a file:

If you have a copy of the auspicng organisation's constitution you can upload it here.

Auspice Organisation Contact *

First Name

Last Name

Auspice Organisation Contact's Position *

Auspice Organisation Phone Number *

Must be an Australian phone number.

If using a landline number please add (08) at the front.

Auspice Organisation Email *

Must be an email address.

Auspice Organisation Address *

Address

Auspice Organisation Postal Address *

Address

Is the auspicng organisation registered with an Australian Business Number (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.

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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.

Is the auspicing organisation registered for GST (Goods and Service Tax)? *

- Yes No

Is the auspicing organisation incorporated? *

- Yes No - your application will be deemed ineligible

Please upload a copy of the auspicing organisation's Certificate of Incorporation *

Attach a file:

Does the auspicing organisation have public liability insurance? *

- Yes No - your application will be deemed ineligible

The auspicing organisation must have public liability insurance to a value of \$10mil or more and it must be current for the proposed event.

Please upload a copy of the auspicing organisation's public liability Certificate of Currency *

Attach a file:

If an organisation agrees to auspice you, you will need to work with them to put an agreement in writing. They might already have forms you can use, but if not you may have to develop an agreement. When drafting an Auspice Agreement, both parties must be careful to include all of their intentions and expectations, and must be clear about roles and responsibilities.

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Does your organisation have a written agreement (email or letter) from the auspicing organisation stating their support for the financial management of this grant? *

Yes

No - your application will be deemed ineligible

Please upload a copy of the agreement *

Attach a file:

Declaration

* indicates a required field

Privacy Notice

The City of Kwinana is committed to protecting your privacy. Subject to the *Privacy and Responsible Information Sharing Act 2024*, the personal information requested on this form is collected for the purpose of assessing and administering the Grants and Funding Program(s), or for any other directly related purpose.

If you do not provide the requested information, or if that information is incomplete or inaccurate, the City may be unable to process your application.

Your personal information will not be disclosed to third parties without your consent, except where required or authorized by law. This may include disclosure to third parties engaged by us to provide services on our behalf, government departments, or auditors. You should also note that information provided to the City is subject to the *Freedom of Information Act 1992*.

To access or correct the personal information you have supplied, please contact the City on 08 9439 0251 or via email at grants@kwinana.wa.gov.au.

For more details on how we manage your personal information, please view the City of Kwinana Privacy Policy [here](#).

Declaration of Applicant

I declare that the statements made within this application are true and correct.

I declare that I am authorised on behalf of the organisation to sign this declaration and the information supplied is, to the best of my knowledge, accurate and complete. The City of Kwinana will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. I understand that any decision made by the City of Kwinana is final and is not subject to an appeals process.

I agree *

Yes

Applicant Name *

Title

First Name

Last Name

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Consent

The City of Kwinana may from time to time wish to contact you for media opportunities for the promotion and growth of the program.

Consent *

- I give my consent to be contacted regarding media and promotion
- I do not give my consent to be contacted regarding media and promotion

Applicant Feedback

As 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 so that we can continually improve our application form and process.

How did you hear about this funding program? *

- Previous recipient
- Direct contact from the City (email, phone call etc)
- City of Kwinana Website
- City of Kwinana social media (Facebook, Twitter etc.)
- City of Kwinana e-newsletter
- Spirit of Kwinana publication
- Referral / word of mouth
- Other:

Please indicate how you found the online application process? *

- Very Easy
- Easy
- Neutral
- Difficult
- Very Difficult

How many minutes did it take you to complete the application?

Must be a number.

Estimate in minutes. i.e. 1 hour = 60 minutes

Please provide the City of Kwinana with any suggestions about any improvements and / or additions to the application form or process that you think that we should consider.

I wish to receive news and information from the City of Kwinana? *

- Yes
- No

If you have any questions regarding the Community Event Funding or this application, please call the City of Kwinana on 9439 0251 and quote the below application number.

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Application Number

This field is read only.
The identification number or code for this submission.

Eligibility - Confirmation

* indicates a required field

Unfortunately you are not eligible to apply for this funding

You have indicated that you do not meet the following eligibility requirements:

That the Applicant :

- Will deliver the project within the City of Kwinana
- Has not received other City of Kwinana funding for this project (e.g. Kwinana Community Funding, Donation etc.)
- Does not have any outstanding grants that have not had their funding conditions fulfilled (e.g. all acquittals have been submitted)
- Has (or will have) current public liability insurance to the value of at least \$10mil

OR

That the auspicing organisation:

- Is incorporated
- Has current public liability insurance to the value of at least \$10mil
- Has a written agreement with the Applicant stating their support for this grant

Please re-confirm if you meet the above criteria *

- Yes - I meet the above eligibility criteria
- No - I do not meet the above eligibility criteria

You are not eligible to apply for this City of Kwinana Funding

Thank you for taking the time to investigate funding from the City of Kwinana.

Unfortunately you do not meet the required criteria to apply.

If you have any further feedback or questions please contact the City on 9439 0251 or at grants@kwinana.wa.gov.au and quote the below application number.

Application Number

This field is read only.
The identification number or code for this submission.

You are eligible to apply for this City of Kwinana Funding

Congratulations! You are eligible to apply for this funding from the City of Kwinana.

Please go back and update your answers to reflect your eligibility.

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