

Application Form - Placemaking Grant

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

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

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

Postal Address

Address

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

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**

Placemaking Grants (Community Project) are available for amounts up to \$500 per project for all community members who has an interest in improving and/or providing services within their local community (within the City of Kwinana).

This grant supports community organisations, individuals and local businesses to undertake innovative community-led projects that strengthen community identity and nurture a sense of belonging.

The type of activities that are supported include verge plantings, community gardens, small-scale art or cultural initiatives, little libraries, long table lunches and dinners, small scale beautification projects, or other creative activities or initiatives that align with the City's Place Plans.

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

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

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If you have any questions regarding the Placemaking Grant (Community Project) application, please contact the City's Grant Administrator 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 is Kwinana based; and
- The project will strengthen community identity and nurture a sense of belonging.

Applications will not be considered for:

- Commercial activities;
- General fundraising activities;
- Projects that discriminate, exclude or offend minority groups;
- Projects that contravene the policies of the City of Kwinana;
- Projects that have received funding through one of the other City of Kwinana Funding Programs (e.g. Kwinana Community Funding);
- Previous recipients who have not fulfilled the conditions of their previous funding; and
- 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.); and
- Does not have any outstanding grants that have not had their funding conditions fulfilled (e.g. all acquittals have been submitted).

Please confirm that you meet the eligibility criteria *

☐ Yes

☐ No

Applicant Details

*** indicates a required field**

Personal Information

Applicant First Name *

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Applicant Last Name *

Phone Number *

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

Email *

Must be an email address.

Are you applying on behalf of a group, organisation or business? *

☐ Yes ☐ No

Business / 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 *

Must be an Australian phone number.

Secondary Contact's Email *

Must be an email address.

Is your organisation incorporated?

☐ Yes ☐ No

Businesses please leave blank.

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Please attach a copy of your Certificate of Incorporation

Attach a file:

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

Public Liability

The City will determine if public liability insurance is required based on the nature/level of risk associated with your proposed project.

If you already have public liability insurance, you will be asked to upload a copy of your Certificate of Currency below.

Do you have current public liability insurance? *

☐ Yes ☐ No

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

Attach a file:

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Tell us about any previous City of Kwinana funding

Has your 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 |

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 funding was granted for	Date Funding Received	Amount of funding received ex GST	Acquittal Status
	Must be a date.	Must be a dollar amount.	
		\$	
		\$	
		\$	
		\$	
		\$	

If you have any questions regarding your organisations previous funding, please call the City's Grant Administrator 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.

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About the Placemaking Project

* indicates a required field

Project Title *

What is your project called?

Short Project Description *

Word count:

Must be no more than 150 words.

Provide a short description of your Placemaking Project.

Who have you spoken to at the City of Kwinana regarding this project?

If applicable, please tell us who you have discussed your idea with.

Project Start Date *

Must be a date.

Start Time *

What time will your project begin?

Finish Time *

What time will your project conclude?

How many people are involved in this Placemaking Project *

Must be a number.

How many people are you expecting to be involved in your project?

Venue *

Where will your project 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.

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Please note, it is the project 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.

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

Placemaking Project 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 Placemaking Project? *

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.

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

e.g. service organisations, local businesses etc.	What will this partner be doing specific to the project? e.g. developing posters, helping set up on the day.

Experience

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

☐ Yes

☐ No

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.

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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](#).

Has an Event Application Form been submitted to the City of Kwinana? *

- ☐ Yes - our application has been approved by the City's Health Services Team
- ☐ Yes - our application has been submitted but not yet approved
- ☐ No - we have not yet submitted our 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.

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 Placemaking Grant, you will be required to recognise the City of Kwinana's contribution to the project.

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:

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Volunteers

* 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 Placemaking Project 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 project participants.

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

Volunteer role	How many people undertook this role?	On average, how many hours each?	Total hours for role
e.g. planning the project, 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.

If you have a phone number or email for this person, please include it here.

Donations and In-Kind Contributions

* indicates a required field

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

- ☐ Yes - donations ☐ Yes - in-kind contributions ☐ Yes - both 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 project.

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

Small amounts of money given to this project can be listed here. Bigger sums, that usually require you to recognise their contribution in your marketing, are considered sponsorships. We ask for more details of sponsorships later in this application.

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 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 project 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 project (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

This number/amount is calculated.

Budget

* indicates a required field

Funding Amount Requested *

\$

Must be a whole dollar amount (no cents) and no more than 1000.

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 project through other sources.

Please list values excluding GST.

Funding Agency	Amount Requested	Status of Application
e.g. Lotterywest	Must be a dollar amount.	Successful, pending or unsuccessful

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	\$	
	\$	
	\$	

Detailed Budget

Tips when completing your budget:

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

Budget

Please detail below the specific income and expenditure for your Placemaking Project.

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.

Please note: The *Income Total Value* should be the same as the *Expenditure Total Value*.

Please list all values excluding GST.

Income	\$	Expenditure	\$
	Must be a dollar amount.		
City of Kwinana Grant (this grant)	\$	Marketing & Promotion	\$
Other Sponsorship / Grant	\$	Venue Hire	\$
Fundraising	\$	Catering	\$
Our Organisations Cash Contribution	\$	Facilitator / MC	\$
Ticket Sales	\$	Event Fees	\$
	\$	Equipment purchase	\$
	\$	Entertainment	\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Variance

\$

This number/amount is calculated.

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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.

Any Other Information

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

Declaration

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to the [City of Kwinana - Privacy Policy](#).

Any information disclosed in this form will only be used by the Placemaking Grant Funding Panel for the purposes of assessing funding proposals under the City of Kwinana Community Funding Policy and will be maintained in accordance with the Privacy Act 1988.

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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

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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 Placemaking Grant or this application, please call the City's Grant Administrator on 9439 0251 and quote the below application number.

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.); and
- Does not have any outstanding grants that have not had their funding conditions fulfilled (e.g. all acquittals have been submitted).

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

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The identification number or code for this submission.

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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.