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.

Individed organisa		○ Org	ganisation							
Title	First Name		Last Name							
Address Address	5 *									
Address L	_ine 1, Suburb/	Town, S	State/Province	e, Pos	tco	de, a	nd C	ountr	y are r	require
Postal A Address	Address									
Your Pr	imary Phone	e Num	ıber *							
	an Australian p landline pleas			nt.						
Other P	hone Numb	er								
	an Australian p landline pleas			nt.						
Applica	nt Email *									
Must be a	an email addre	SS.								

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 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

How it works?

Nominate your street, or a section of your street for an activity or gathering.

Street Meet activities or gatherings could take place on a verge, front garden, or in a local park.

The City of Kwinana Street Meet Funding provides reimbursement grants of up to \$150. Funds cannot be used for the purchase of alcohol or tobacco products. The City encourages the purchase of healthy food choices (conditions apply).

Street Meet gatherings could include:

- Street gathering or BBQ
- BBQ in a local park
- Bake-off
- Sports day in a local park

Street Meets - Funding Application Form

Form Preview

- Busy bee or street clean up
- New residents welcome lunch
- Morning tea
- Street garage sale

Applicants: Before You Start

Please note, to be eligible for this funding you must:

- Have at least four households participating. You must include total expected numbers on this application as large events may have additional requirements.
- Submit receipt(s) and event photos to the City following the activity to have money reimbursed.
- As a host, when taking photos, please advise participants that the photo(s) may be used for promotional purposes and display the "Say Cheese" poster supplied as a PDF to approved applicants.
- Use a public / semi-public e.g. front verge, garden or park.
- Do not publicise beyond the local residents, no external publicity and no Facebook or social media.

Should you have any questions about your eligibility, or to further discuss your ideas, please contact 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.

Confirmation of Eligibility

I confirm that the Applicant:

- Lives in the City of Kwinana.
- Will host a neighbour friendly activity for at least four (4) local households.
- Will provide the City with receipts and photos after the activity to qualify for reimbursement of up to \$150.

Please confirm that you meet the eligibility criteria *

- Yes
- O No

Applicant (Host's) Details

* indicates a required field

Personal Information

Applicants First Name

Applicants Surname	
City of Kwinana Resident? * O Yes Do you live within the City of Kwinana?	○ No
Address * Address	
Address Line 1, Suburb/Town, State/Province, and	nd Postcode are required.
Phone Number *	
Must be an Australian phone number. If using a landline number please add (08) at th	e front.
Applicant Email *	
Applicant Linan	
Must be an email address.	
Stroot Moot Activity Dotails	
Street Meet Activity Details	
* indicates a required field	
Venue *	
Where will your activity be held?	
What date are you hosting your activity	ty? *
Must be a date.	
Start time *	
What time will your activity begin?	
Finish time *	
What time will your activity conclude?	

Expected attendance:
Must be a number.
How many people are you expecting at your activity?
Type of activity *
What type of activity(s) will be occurring at your gathering?
Other information
Is there any other information you would like to share about the activity or your

If there is any other information you would like to share with the City regarding the activity or your local street you can add text here.

Attach a file:

local street?

If there are any documents you would like to share with the City regarding the activity or your local street you can attach files here.

Funding request

Evnected attendance? *

Please let us know how much you would like to request from the City. This can be up to the total amount of \$150. Funds cannot be used for the purchase of alcohol or tobacco products. The City encourages the purchase of healthy food choices.

Receipts and photos will need to be provided after the Street Meet activity to show that the money was spent on costs associated with the activity.

Approved grants will be paid after the activity has been held and the required receipts and photos have been received by the City.

Funding amount requested (\$) *

\$

Must be a whole dollar amount (no cents) and no more than 150. This is how much you are requesting from the City.

Declaration

* indicates a required field

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											
Privacy Notice											
We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles (APPs)</u> as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u> . To view our privacy statement, go to the <u>City of Kwinana - Privacy Policy</u> .											
Any information disclosed in this form will only be used by the Street Meet Funding Panel for the purposes of assessing funding proposals under the City Kwinana Community Funding Policy and will be maintained in accordance with Privacy Act 1988.											
Declaration of Applicant											
I declare that the statements made within this application are true and correc	t.										
I agree * O Yes											
Name * Title First Name Last Name											
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 suggested improvements and / or additions to the application form or process that we should consider.

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

○ Yes

○ No

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:

- lives in the City of Kwinana.
- will host a neighbour friendly activity for at least four (4) local households.
- will provide the City with receipts and photos after the activity to qualify for reimbursement of up to \$150.

Please re-confirm if you meet the above criteria *

- O Yes I meet the above eligibility criteria
- O 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's Grant Administrator 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 to the first page and change the answer to the eligibility question to YES to proceed with the application.