

**Better Bayswater   
Grant 2020/2021**

**Application Form**

**CONTENTS**

[1. Eligiblity Criteria 3](#_Toc50044380)

[2. Applicant’s Details 4](#_Toc50044381)

[3. Proposed Project / Program Details 5](#_Toc50044382)

[4. Project / Program Budget 7](#_Toc50044383)

[5. Declaration 8](#_Toc50044384)

**APPLICANT KEY INFORMATION**

|  |  |
| --- | --- |
|  | **Please read all the information** contained in the Better Bayswater Grant, Information Form and FAQ document |
|  | **Please ensure you answer all questions** - incomplete applications may not be considered by the City of Bayswater |
|  | Contact the  **Community Development Team on** ***(*08) 9272 0622 as early as possible to discuss your application** |

|  |  |
| --- | --- |
| 1. Eligiblity Criteria | |
| **Please check each point listed below to ensure your organisation meets all relevant criteria:**  To be eligible for a Better Bayswater Grant, the applicant must be one of the following:  An incorporated community group  An auspiced individual/ community group/ business/ sole trader  Additionally, all applicants must:   |  |  | | --- | --- | |  | Be willing to provide or attain a copy of the certificate of currency for Public Liability Insurance of a minimum value of $20 million upon signing the funding agreement. | |  | Be able to be deliver the project within current (and evolving) COVID-19 stage appropriate requirements. | |  | Have satisfactorily acquitted any previous grant funding from the City of Bayswater. | | |
| **Please check each point listed below to ensure your project meets all relevant criteria.**  **All projects must:** | |
|  | Aim to support the City of Bayswater community and business recovery. |
|  | Not duplicate a project or program already available in the local area. |
|  | Receive at least 50% of its funding from the applicant (cash or in-kind), with the City contributing up to a maximum of 50% of the project/program costs to the maximum value of $5,000. |
|  | Not charge a fee for participation. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Incorporation** | | | |
| **Is your organisation currently incorporated?** | Yes |  | |
| No | You will require an auspicing body.  Please complete the Auspicing Organisation Application Form. *Note: 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 legal processes associated with delivering your project including insurances and the financial management of the grant.* | |
| **Goods And Services Tax (GST)** | | | |
| **Is your organisation currently registered for GST?** | Yes | |  |
| No | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Australian Business Number (ABN)** | | | | |
| **Does your organisation have an ABN?** | Yes | | *Please complete your ABN below*  *\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_*  *Please ensure you have read and  understood the Goods and Services Tax Information in the* ***Better Bayswater Grant Information Form.*** | |
| No | | You will require an auspicing body.  Please complete the *Auspicing Organisation Application Form.*  *Note: 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 legal processes associated with delivering your project including insurances and the financial management of the grant.* | |
| **Public Liability Insurance** | | | | |
| **Does your organisation hold current public liability insurance to the value of $20 million, or will you be auspiced by a company/ organisation who holds current public liability to the value of $20 million?** | Yes | | No | |
| **Auspicing Body** | | | | |
| **Will you be applying for this grant through an auspicing body?** | Yes | | *Please complete the Auspicing Organisation Application Form* | |
| No | | *Please continue.* | |
| 1. Applicant’s Details | | | |
| **Name:** | |  | |
| **Address:** | |  | |
| **Postal Address (if different from above):** | |  | |
| **Name of Contact Person:** | |  | |
| **Position of Contact Person:** | |  | |
| **Mobile:** | |  | |
| **Email:** | |  | |
| **Website Address:** | |  | |
| **Social Media (Facebook/Instagram etc.)** | |  | |

|  |  |
| --- | --- |
| 1. Proposed Project / Program Details | |
| **Name of project/program:** |  |
| **Are you able to deliver this project/ program within the next six months?** | Yes  No |
| **Which of the following priority areas will your project/ program address?**  ***(tick all that apply)*** | a) Health and wellbeing  b) Community connection  c) Support for vulnerable people  d) Economic security |
| **Please list the target group, venue, project partners:** | Target group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project partners \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Description of the project/program and any associated activities:** |  |
| **Please describe what steps you will take to ensure that the program/project will be accessible and inclusive.**  *Please refer to the City of Bayswater* [*Access and Inclusion Plan*](https://www.bayswater.wa.gov.au/community/community-services-and-programs/access-and-inclusion/access-and-inclusion-plan) *which is available on our website* |  |
| **How will you evaluate the success and learnings from your project?**  *E.g. survey, anecdotal feedback, social media likes and comments, increase in membership, numbers at the event/project participant etc.* |  |
| **Please describe how the proposed project/ program will support our community recovery (include potential benefits to local businesses).** | |
|  | |

|  |
| --- |
| **List potential project/program risks that have been identified and how these will be addressed or mitigated.** |
|  |

|  |
| --- |
| **Promotion of the project/ program. How will this project be promoted? Where will the City’s contribution be acknowledged?**  ***E.g. flyers, photographs, newspaper articles, social media posts, speeches etc.*** |
|  |

|  |  |
| --- | --- |
| 1. Project / Program Budget | |
| **What is the estimated project/program cost?** | **$** |
| Budgeting Guidelines:   * Detail all anticipated expenditure; * Applicants must provide one quote for equipment and/ or services in excess of **$1,000**; and * If grant funds have not been spent on approved items, a refund to the City may be required. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Summary (Expenditure)** | **Amount funded by City of Bayswater** | **Amount funded by other sources** | **In-kind donations  (approximate value)** |
| **Project Costs** *(i.e. costs including equipment, materials, venue hire, and reimbursements to other groups). Note: this does not include full time staff and operational costs.* | $ |  |  |
| **Professional Services** *(e.g. cost of artists, facilitation, security staff, catering staff etc.). These are costs directly and only attributed to this project.* | $ |  |  |
| **Administration Costs** *(i.e. any consumable such as postage, stationery that are required to coordinate the project)* | $ |  |  |
| **Marketing** *(i.e. advertising flyers, social media)* | $ |  |  |
| **Other** *(i.e. any other anticipated costs)* | $ |  |  |
| **EXPENDITURE SUB-TOTALS** |  |  |  |
| **TOTAL EXPENDITURE** |  | | |

|  |  |  |
| --- | --- | --- |
| **Funding Source (Income)** | **Amount (inc. GST)** | |
| **City of Bayswater – Amount requested for this grant** *(Must be no more than 50% of overall project cost to the maximum value of $5,000)* | $ | |
|  | **Amount  (inc. GST)** | **Confirmed**  **(Yes / No)** |
| **Applicant Financial Contribution** | $ |  |
| **Applicant In-kind Support / Voluntary Labour**  *(Please refer to the FAQ document for details)* | $ |  |
| **Other** *Please specify (e.g. Federal, State or other grants)* | | |
|  | $ |  |
|  | $ |  |
| **TOTAL PROJECT INCOME including GST** | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Declaration | | | |
|  | **Executive Declaration (please tick each of the following points)** | | |
|  | The application has been signed by the accountable officer of the incorporated body (usually the President).  I agree that The City of Bayswater may provide certain information to the media for promotional purposes i.e. the applicant’s name, funding purpose, project/program activity and funding amount.  I declare that I am currently authorised to sign legal documents on behalf of the organisation or business  I certify that the information given in this document is true and accurate. | | |
| **Name** | |  | **Date:** |
| **Position** | |  | |

Upon receipt of the Better Bayswater Grant, application, an email to acknowledge lodgment will be forwarded to the applicant. Please provide an email address on Page 4 of this document.

Please email your completed form to [mail@bayswater.wa.gov.au](mailto:mail@bayswater.wa.gov.au)