

**Better Bayswater
Grant 2020/2021**

**Application Form**

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**APPLICANT KEY INFORMATION**

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|[ ]  **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** |

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| 1. Eligiblity Criteria
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| **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:

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|[ ]  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. |

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| **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. |

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| **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  |  |

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| **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
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| **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.)**  |  |

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| 1. Proposed Project / Program Details
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| **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).** |
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| **List potential project/program risks that have been identified and how these will be addressed or mitigated.**  |
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| **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.*** |
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| 1. Project / Program Budget
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| **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.
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| **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**  |  |

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| **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** | $ |  |

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| 1. Declaration
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|  | **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 businessI 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