

COMMUNITY GRANTS PROGRAM

**Minor Projects /
Events
Application**

SHIRE OF DUNDAS – COMMUNITY GRANTS PROGRAM
Minor / Events Application Package (\$1,001 - \$10,000)

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Before you begin.

The Shire of Dundas's Community Grants Program is to articulate Council's commitment to developing the Shire by providing funding opportunities to community groups, clubs, organisations, not-for-profit organisations and to prescribe the role and function of the Community Grants Program Committee.

The funding applications are presented in line with relevant funding deadlines to the Community Grant Program Committee for Council consideration.

The Community Grant Program Committee operate within the guidelines of the Community Grant Program Policy. It is strongly recommended that all applicants read this policy to determine their eligibility before submitting their application.

Groups that are ineligible for funding include local, state and federal government departments, private companies, individuals and private and public schools including employees of these bodies acting on behalf of their employer (excluding relevant community purpose representative bodies such as P&C's and P&F's).

Items that are not eligible for funding include: Bonds and employee salaries.

Please note all grant payments will not be awarded retrospectively unless exceptional circumstances are noted.

Groups intending to apply for multiple events funding across a financial year are encouraged to consolidate all events into 1 application.

The policy can be found on the Shire of Dundas website www.dundas.wa.gov.au

Canvassing of Councillors of the Shire of Dundas regarding a grant application may make the application ineligible.

Please note that, in considering your proposal for funding, the information detailed in this proposal may be shared with relevant Commonwealth, State and/or Local Government agencies, organisations and individuals, including those you identify in the proposal, to substantiate any claims or statements that you make, to verify the capacity of the proponent organisation to manage the Shire of Dundas funds and for general comment on the viability of your proposal.

If you consider that certain information in the proposal should be treated as confidential, you must clearly indicate that information and provide reasons for the request. The Shire of Dundas reserves the right to accept or refuse a request to treat information as confidential.

Information relating to individuals will be protected under the *Privacy Act 1988*. Requests for access to such information will be dealt with under the provisions of the *Freedom of Information Act 1982*.

The Shire of Dundas will inform and publish the names of successful proponents and relevant information about their projects.

Please fill out this form as fully as possible. The information requested here is necessary and will provide vital insights to enable assessment of your proposal. Missing or unclear information may make you ineligible for funding or delay the assessment of your proposal while we seek clarification.

Proposals not submitted in this format may not be considered. Proposals not consistent with the guidelines may be rejected.

Electronic copies are preferred, accompanied by one complete hard copy with a signed Legal Authorisation.

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Completed proposals should be forwarded to:

Electronic copies: shire@dundas.wa.gov.au

Paper copies:

The Chief Executive Officer
Shire of Dundas
PO Box 163
NORSEMAN WA 6443

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PART A - Legal Authorisation

I, REBECCA CLINCH <full name of proponent>

as ABORIGINAL MENTAL HEALTH WORKER <position/title>

of GOLDFIELD WACHS

72 PRINSEP ST NORSEMAN <organisation & full address>

Confirm that:

- I am a person authorised to make this declaration on behalf of my organisation and all relevant persons have made a full disclosure of information.
- The information provided in this form and all attached documents is complete and correct. I understand that giving false or misleading information is a serious offence.
- The Shire of Dundas is authorised to undertake the necessary steps to assess the proposal from my organisation by checking the information provided in this proposal, or by obtaining additional information from:
 - The Shire's databases and records, including information related to my organisation's application for funding;
 - State or Territory agencies;
 - Law enforcement agencies;
 - Credit reference agencies;
 - Any other appropriate organisation or person as reasonably required as part of these checks.
- I agree that the Shire may arrange for an independent viability assessment (IVA) of my project including by an external adviser or consultant to the Shire.
- To the best of my knowledge, I have disclosed, at Part B 'Declaration of Conflict of Interest' of the proposal form all actual, apparent or potential conflicts of interest that would prevent my organisation from proceeding with the project or any funding agreement my organisation or I may enter into with the Shire of Dundas.

Signed: 

Date: 14.03.2023

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PART B - Declaration of Conflict of Interest

Please complete either Item 1 or Item 2 of the Declaration.

Item 1. No Known Conflict

I confirm that at the time of signing, to the best of my knowledge I am unaware of any conflict of interest that would prevent my organisation from proceeding with the project or any funding agreement my organisation or I may enter into with the Shire of Dundas.

I undertake that if at any time I have an actual, apparent or potential conflict of interest, then I will:

- (a) disclose that interest promptly to the Shire of Dundas; and
- (b) take action necessary to avoid the conflict as directed by Shire of Dundas.



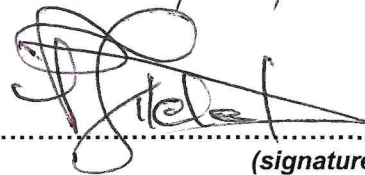
.....
(signature)

Rebecca Clinch

.....
(printed name)

14/03/2023

.....
(date)



.....
(signature of witness)

PETER FITCHMART

.....
(printed name of witness)

14/03/2023

.....
(date)

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Item 2. Disclosure of Interest

I disclose the following interest:

.....
.....
.....
.....
.....

I undertake that if, at any time, I have an actual, apparent or potential conflict of interest, then I will:

- (a) disclose that interest promptly to the Shire of Dundas; and
- (b) take action necessary to avoid the conflict as directed by the Shire of Dundas.

[Handwritten Signature]

.....
(signature)

Rebecca. Finch

.....
(printed name)

14/03/2023

.....
(date)

[Handwritten Signature]

.....
(signature of witness)

PETER FITCHART

.....
(printed name of witness)

14/03/2023

.....
(date)

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Part 1 – Applicant Details	
1. Legal name of proposing organisation or individual If member of a consortium, indicate name of member organisation.	
REBECCA . CLINCH	
2. Registered business or trading name if other than your legal name	
GOLDFIELDS MH. WACHS	
3. Registered business address details Business address or Company's registered business address (not PO Box)	
Street Address	72 PRINSEP ST
Suburb/Town/City	NORSEMAN
State	WA
Postcode	6443
4. Postal address - Only if different from registered business address	
Street Address	
Suburb/Town/City	
State	
Postcode	
5. Organisation contact numbers	
Telephone Number	
Fax Number	
Mobile	0418 347 390
Email	Rebecca.Clinch@health.wa.gov.au
6. Is your organisation registered with an Australian Company Number (ACN), an Australian Business Number (ABN), Australian Registered Business Number (ARBN), Note: if your organisation does not have an ABN, you will need to complete and provide a Statement by Supplier (copies obtainable from the ATO website at www.ato.gov.au) with this application.	
Yes <input type="checkbox"/> please provide details below:	
No <input type="checkbox"/>	
CAN _____ - _____ - _____ ABN _____ - _____ - _____	
ARBN _____ - _____ - _____	
7. Organisation's GST registration	
Yes <input type="checkbox"/> Please enter total amount (\$) requested excluding GST where relevant.	
No <input type="checkbox"/> There will be no GST amount added to your total amount requested.	
8. Organisation's Incorporation	
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	

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Part 2 – Grant Request / Type of grant

Note: a separate application is required for more than one grant request
(please tick relevant box below)

Minor Community Grant (up to \$10,000)

- Minor community grants are available through four designated rounds per financial year.

Categories (*more than one box can be ticked if relevant*):

- Community Economic Development Initiative
- Community Capacity Building Initiative
- Environmental Initiative
- Emergency Service Initiative
- Community Heritage and/or Conservation Initiative
- Civic Recognition and Support

Notes:

1. Applicants are encouraged to contact a member of the Shire of Dundas Community Capacity Building team prior to submitting an application for guidance and support if required.
2. Do not complete PART 4 if you have completed this section.

Community Event Grant (up to \$10,000)

Category of Event:

- Community Event: an event of local or regional significance that stimulates participation.
- Iconic Event: an event of state or regional significance that generates tourist activity.
- Sporting Event: a sporting event that attracts wider community.

If you are unsure of the events stated above please refer to the Shire of Dundas, Community Financial Assistance Scheme overview.

Date of event / /

Amount requested: \$ 3,000 -

Total project/event cost: \$ 3,000 -

Notes:

1. Do not complete PART 3 if you have completed this section.

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Part 3 – Proposed Project Details
1. Title of Project
MENTAL HEALTH COMMUNITY ARTS & CRAFTS
2. Project Description
mental health clients, family, & friends to join in once a week, with arts and crafts.
3. Aims or objectives of the Project
BUILDING RELATIONSHIPS, EMPOWERING INDIVIDUALS TO RECOGNISE/AWARENESS OF SELF. Expressing feelings through artwork.
4. Location of the Facility, Project or Initiative when Finalised
Sporting Complex
5. Describe how the grant will benefit your organisation and/or the community/target group.
Grant will benefit MH clients/community through buying resources, to be able to conduct A&C group

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6. Amount of people that will benefit from the project as a whole (if different)
Community (whole)
7. Describe how the project or facility will be managed for a sustainable future
Mental health and Community Health Support.
8. Describe how the project supports at least one of the five criteria outlined on Page 12
1) Personal development. To connect people to services
9. Describe those contributing to the delivery of the project (Include staff, volunteers, partner organisations, etc.)
AMHW & NCHW NNTAC
10. Describe how the project will be affected if the Council contribution does not meet the requested amount
Little to no supplies. From weekly to monthly? No interaction with clients & families on a regular base.

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CRITERIA FOR DEVELOPMENT OF THE SHIRE OF DUNDAS

1. **Personal Development & Wellbeing:** To connect people to services, facilities and experiences that enhances their physical, social and overall health.
2. **Infrastructure Development:** To plan, develop and manage community facilities that meet the social, recreation, education, housing and transport needs of the community.
3. **Community Participation:** To encourage and facilitate community involvement through consultation, improved access and recognition of achievements.
4. **Place Activation:** To create vibrant and meaningful community hubs as places of social interaction, creativity and economic vitality.
5. **Relationship Building & Connections:** To build self-reliant community organisations and develop mutually beneficial partnerships between government, business and residents.

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9. Contact details for this proposal - Please provide a contact person who is available and has the authority to answer any queries that the Shire of Dundas may have about this proposal. Any correspondence will be sent to the contact listed here.

Title	MS
First Name	REBECCA
Surname	CLINCH
Position	ABORIGINAL MENTAL HEALTH WORKER
Telephone Number	
Mobile	0418 347 390
Fax Number	
Email	rebecca.clinch@health.wa.gov.au

10. Primary purpose/objectives of your organisation (can be attached if relevant)

Supporting people with mental health issues.

11. Bank Account Details – for direct deposit of successful grant*

Account Name	
BSB Number	
Account Number	
Bank Name	
Bank Branch	

***Notes:**
 If this facility is unavailable please tick the box to receive a cheque.

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12. Insurance details –

As a recipient of project funds your organisation must maintain: Public Liability insurance for not less than \$10 million; Workers' Compensation insurance for the amount required by the relevant State or Territory legislation; Motor Vehicle insurance; Personal Accident insurance; Professional Indemnity insurance (where relevant) for not less than \$2 million. Provide all relevant information relating to these headings in the table below. If insurance is required specifically for a Jobs Fund project, this should be included in the budget costs (leave policy number blank if not obtained to date).

Type Of Cover	Amount	Policy Number	Company	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)

Notes:

1. All CGP funding is inclusive of Council fees/charges. Once funded the organising group of an event or project cannot apply for a Sundry Donation for waiver of Council fees for the same event or project.
2. GST Status must be noted on the application form in order to evaluate GST relevance
3. If you are registered for GST please enter amounts (\$) excluding GST where relevant.
4. All CGP funding is dependent on event/project being implemented.
5. Committee can fund subject to special conditions.
6. All CGP funding requires Council acknowledgement including logo placement on flyers, advertising, media articles, openings/launches and use of Council banners where appropriate.
7. All successful applicants are required to provide an Acquittal on the CGP Acquittal form within 30 days of the completion of the funded event or project.

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Part 4 – Proposed Event Details	
1. Name of the event	
2. Date/s and timing of the event	
3. Location of the event	
4. Overview of the event and relevant component/s	
5. How the local and wider community is involved in the event	
6. How the event will be promoted and publicised	
7. Describe the future plans for sustainability and funding of the event(unless a one-off)	

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8. Describe how this event will contribute to economic development and local tourism within the Shire of Dundas (e.g. bring visitors to Norseman or Eucla, promote local business, employ local people)
9. Describe the effect on the event if the Council contribution does not meet the requested amount
10. Describe how you intend to recognise the Shire of Dundas

Access and Inclusion
Depending on what the grant will be used for you will need to ensure that you are aware of the Shire's Disability Access and Inclusion Plan. A copy can be downloaded from the Shire's website or by calling 9039 1205.
In regards to your project and/or event, will people with disabilities be able to gain access and/or be involved?
Yes / No - Describe
If you are providing information, will it be available in formats suitable for people with disabilities?
Yes / No - Describe
If your project includes community consultation, will people with disabilities be able to participate?
Yes / No - Describe

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Part 5 - Finance and Project Budget		
1. Describe any attempts to secure funding through other sources		
2. (eg: Lotterywest, Department of Sport & Recreation, Healthways, the private sector, etc.)		
3. If yes, provide a list in the table below		
Funding Agency	Amount	Approved (circle)
		Yes No Pending
		Yes No Pending
		Yes No Pending
		Yes No Pending
4. Describe any funding received from received the Shire of Dundas in the past five years		
Year	Purpose	Amount

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5. Provide a detailed budget breakdown for the project

Where appropriate, indicate which items will be funded by the Shire of Dundas. If you are registered for GST please enter figures excluding GST. Include all income and expenditure, including details of volunteer hours.

Budget Item	Actual Cost (\$ GST (exc))	Budget Item	Actual Cost (\$ GST (exc))
EXPENDITURE		INCOME	
Professional Fees, inc. staff (specify)		Cash	
		Organisation's contribution	
		Donations	
Marketing & Promotion (specify)		Other grants	
		Sponsorship	
		In Kind	
Administration Costs (Please specify)		Volunteer Hour Value	
		Other	
Material and Equipment (specify)	\$1500	Shire of Dundas Grant	
		(specify how grant is to be used, eg advertising etc)	
Venue Hire			
Travel, transport, vehicle costs	\$500		
Insurance			
Catering	\$1000		
Other (please specify)			
Total Expenditure		Total Income	

Notes:

1. At least one written quotation is required for all items to be purchased greater than \$500 in value.
2. Please calculate the value of volunteer hours at \$25/hour/volunteer.
3. You can attach a different format for the budget from the above if more practical.
4. If you are registered for GST please enter all (\$) amounts excluding GST.

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Part 6 - Declaration by Applicant

I, the undersigned, certify that I have authority on behalf of the organisation, group or club to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and correct.

Name: REBECCA CLINCH

Organisation: GOLDFIELDS WACHS

Position: ABORIGINAL MENTAL HEALTH WORKER

Signature: [Handwritten Signature]

Date: 14/03/2023

Additional Information

The following information is to be submitted if available.
If you are unable to submit this information please supply a written reason for this inability to submit.

- Copy of insurance certificates
- Copy of Constitution
- Copy of Incorporation Certificate
- Most recent Profit & Loss Statement and Balance Sheet
- Supporting documentation (minutes) to confirm committee agreement of project/event

Additional information that may be beneficial:

- Written confirmation of other funding sources
- Letters of Support from relevant agencies

Notes:

1. Keep a copy of this application and all associated documentation for your records.

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Part 7 - Checklist

- | | |
|--|--------------------------|
| Completed Part A – Legal Authorisation | <input type="checkbox"/> |
| Completed Part B – Declaration of Conflict of Interest | <input type="checkbox"/> |
| Completed Part 1 – Applicant Details | <input type="checkbox"/> |
| Part 1, Q7 – Completed and attached a Statement by Supplier – if not registered for an ABN | <input type="checkbox"/> |
| Part 1, Q8 – Completed and attached a Statement by Supplier – if not GST registered | <input type="checkbox"/> |
| Completed Part 2 – Grant Request | <input type="checkbox"/> |
| Completed Part 3 – Proposed Project Details | <input type="checkbox"/> |
| Completed Part 4 – Proposed Event Details | <input type="checkbox"/> |
| Completed Part 5 – Access & Inclusion | <input type="checkbox"/> |
| Completed Part 6 – Finance and Project Budget | <input type="checkbox"/> |
| Completed Part 7 – Declaration by Applicant | <input type="checkbox"/> |
| Attachments (See Page 16) | <input type="checkbox"/> |

Further Information

For further information or advice please contact the Shire of Dundas on 9039 1205 or e-mail shire@dundas.wa.gov.au

Completed hard copies of the application can be sent to:-

Chief Executive Officer
Shire of Dundas
PO Box 163
NORSEMAN WA 6443