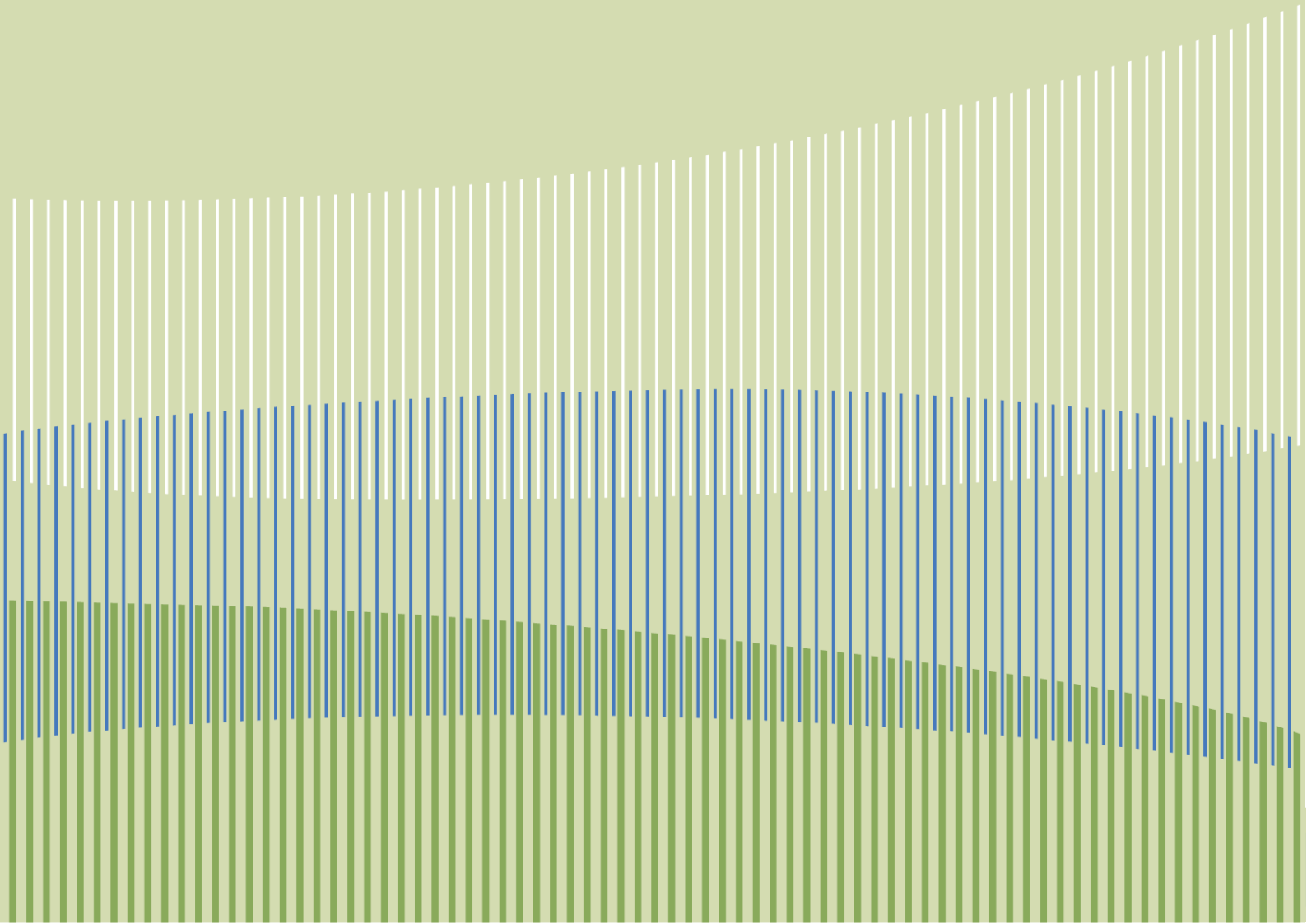


Community Facility Fund

Submission Form



Organisation Details

Organisation name:

Postal address

Contact person

Position

Contact number

Contact email

ABN Number

Is your group/organisation registered for GST? (Select 1 option)

- Yes
 No

Does your group/organisation hold current public liability insurance? (Select 1 option)

- Yes
 No

If yes, please submit a Certificate of Currency for Public Liability Insurance you're your submission.

Is your group/organisation incorporated? (Select 1 option)

- Yes
 No

Incorporation number

Does your group/organisation have a strategic plan? (Select 1 option)

Yes

No

If yes, please attach your strategic plan with your submission.

How many participants does your group/organisation have?

Juniors	
Seniors	
Volunteers	
Full-time staff	
Part-time staff	

Project Details

Project name

Project start date

Project end date

Location (facility/reserve)

Total project cost (ex GST)

Please submit your group/organisation's meeting minutes supporting the decision for the grant application.

Construction Details

What do you want to construct/install/refurbish? What spaces will be changed and/or created?

Please submit relevant drawings, specifications and/or maps.

How will your project be implemented? (What are the steps for completing the project and who will be responsible for each step?)

Why did you choose your preferred supplier/contractor? (Considerations are to include value for money, experience, availability, inclusions and exclusions)

Please submit copies of all quotes received.

Project Justification

Why does the project need to be delivered?

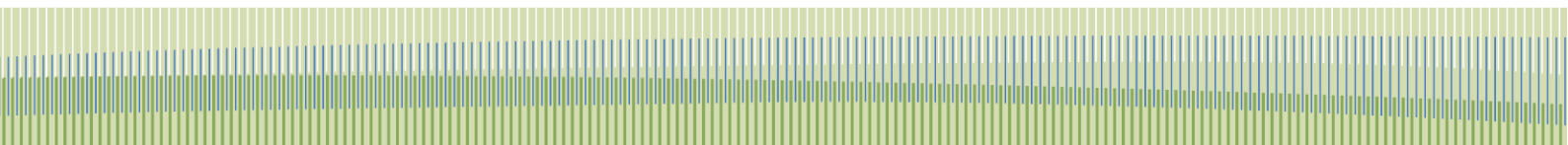
What needs will the project meet and how did your organisation identify the need/demand? For example - member or community survey or feedback, benchmarking against other organisations, growing participation.

What other options were considered?

What other options did your organisation consider when developing the project? Why was this option selected? You may consider short-term vs long-term benefit, available time and resources, site considerations, cost etc.

What strategic planning documents support a need for such infrastructure?

These may include a needs analysis, your strategic plan, Shire planning or documents developed by your governing body or state sporting association.



Community Benefit

What are the community benefits of the project?

Consider who currently uses the facility, for what purpose and how the project will change or improve it. Examples may be increased access for people with disability, family-friendly, female participation, regional event attraction. Will it be used by the whole community? Does the project provide opportunities that were previously not available to the community?

Are you partnering with any other groups to deliver the project? (Select 1 option)

- Yes
 No

If yes, describe each organisations' role in the project

Organisation	Role

Provide written evidence of support with your submission.

Project Budget

Expenditure (ex GST)

Detail items

Detail items and associated cost (ex GST)

Item	Cost

Please attach quotes with your submission.

Volunteer labour expenditure

Unskilled labour \$25 per hour	
Number of hours	
Total cost	

Skilled labour \$40 per hour	
Number of hours	
Total cost	

Total expenditure

Income (ex GST)

Please note expenditure and income should be equal

Amount of Community Facility Funding requested

Maximum amount to be 70% of total project cost capped at \$20,000

Your group/s organisation's cash contribution

Volunteer labour

Unskilled labour \$25 per hour	
Number of hours	
Total cost	

Skilled labour \$40 per hour	
Number of hours	
Total cost	

Total income

Other grants

Please provide name of each funder and if it is confirmed/approved.

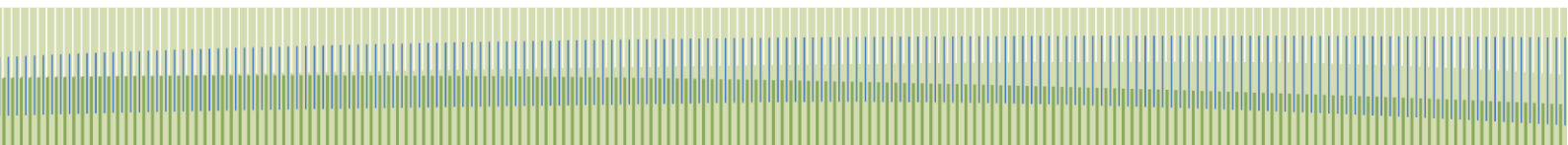
Grant supplier	Amount	Status pending/approved

Total income

What is your group/organisation's plan for unexpected costs?

Project cost increases are not eligible for further grant funding from the Shire.

Please submit a copy of your group/organisation's most recent bank statement and/or most recent financial statement.



Payment Details

Bank account details for electronic transfer of grant monies

Account name

BSB number

Account number

Bank name

Bank branch

Application Declaration

This section must be completed by the incorporated body applying for the grant. If you are not incorporated you must have the auspice organisation complete this section.

I hereby declare that I am authorised on behalf of the organisation to sign this declaration and that the information supplied is, to the best of my knowledge, accurate and complete.

I confirm that I have read and understood the Community Facility Fund Guidelines.

I confirm that the Shire of Murray will be notified of any change to the information supplied an any other information or circumstances arising that may affect this application.

Name

Position



Signature

Date

***Don't forget to attach all files before submitting this form**

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