Capital Works Grants (Sporting Clubs) - Application Form

ELIGIBILITY

* indicates a required field

Important Information

Before applying, please:

- Read the Capital Works Grants Guidelines and Policy;
- Preview the Application Form, so you can gather all information needed;
- Contact the Recreation area on **(08) 9411 3444** during business hours or email **recreation@cockburn.wa.gov.au** to determine your eligibility, ensure you are applying under the correct category, and to answer any questions.

Incomplete applications and/or applications received after the closing date will not be considered.

All questions MUST be completed by the Applicant Organisation.

Failure to do so will make you ineligible.

The Capital Works Grants will only be available to incorporated and not-for-profit sport or recreation clubs that are:

- Are based or operating within the City of Cockburn
- Under lease or seasonal license on Council owned property, *or* under a substantive lease with the State Government on land owned or managed by an authorised government department
- Servicing a significant number of local residents.

Applications are open all year round, and for administrative purposes are broken into two rounds to correspond which Financial year funds will be awarded from. Applicants are required to contact Recreation Services staff to discuss the proposed project prior to completing this application.

Recreation Services Contact

This is a mandatory requirement for ALL funding categories. Your application will be deemed INELIGIBLE if you do not contact Recreation Services staff. They can be contacted on (08) 9411 3444 during business hours or email recreation@cockburn.wa.gov.au

| Did you contact a City your potential applicat | of Cockburn Recreation Services Staff member to discuss ion? * |
|--|--|
| ○ YES | \circ NO |
| Please note that emails pron | noting the funding rounds sent by the City do not constitute contact wit |
| the Grants Officer. The appli | cant must initiate contact and advise of the specific intention for the |

Name of Person Contacted *

funding.

| Date of contact * | | | |
|--|---------------------------------------|--|--|
| | | | |
| Method of contact * ○ Phone | ○ Email | ○ In person | Other: |
| Eligibility Questio | ns | | |
| or operating within | | urn? * | or recreation club based |
| O YES If NO, you are not eligible | e for a Capital Works (| ○ NO Grant. Check here: <u>is you</u> | r organisation not-for-profit? |
| | have a substantive Government ow | | l license on Council horised government |
| | | sos for a significant | number of local |
| residents? * O YES If NO, you are not eligible | - | ces for a significant | number of local |
| | and should contac | ct the Recreation Se | ons, you may not be ervices team on (08) 9411 |
| Previous Funding | | | |
| | d they meet the connot be for the sai | riteria for the partic | ing from different ular category, however, previous year's funding |
| YES, this financial y | rear 🔘 YES, in p | previous years O | the City of Cockburn? * |
| 3444 to confirm your elig | | | rleopment Officer on (08) 9411 |
| | recent successfu | g from the City of Co Il application/s (inclu | ckburn, please provide ude grant type, and |
| Diagonia di diagonia | aha daha ashawa (1 | | |
| Please include approxima | | | |
| Does your organisat | tion have any outs | standing City of Coc | kburn acquittal reports? |

| O YES O NO O Not applicable Applicants that have been successful in previous years are eligible to apply provided all previous funding (Grants and Sponsorship) has been satisfactorily acquitted. Acquitted means you have |
|--|
| provided a detailed report of how the funding was used, including providing receipts and evidence such as photos or media, using the appropriate Acquittal Form. |
| APPLICANT DETAILS |
| * indicates a required field |
| Applicant Organisation Details |
| Sporting or Recreation Club name * Organisation Name |
| |
| Street address * Address |
| |
| Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia |
| Postal address * Address |
| |
| Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia |
| Organisation phone number * |
| |
| Must be an Australian phone number. Must include area code. |
| Organisation primary email * |
| Must be an email address. |
| Organisation website |
| |
| Must be a valid URL |
| Contact Person |
| Contact name * Title First Name Last Name |
| |

| Position held in organisation * |
|---|
| |
| Contact phone number * |
| |
| Must be an Australian phone number. Must include area code. |
| Contact email * |
| |
| Must be an email address. This is the address we will use to correspond with you about this application. |
| Is your Club affiliated with a State Association? * ○ YES |
| |
| What is the name of the State Association? |
| |
| |
| How many members do you have in your Club? |
| Last Season * |
| Must be a number |
| Must be a number. |
| Current Season * |
| Must be a graph of |
| Must be a number. |
| Please upload a copy of your organisation's Certificate of Incorporation * Attach a file: |
| Actual diffe. |
| Max 25mb |
| |
| Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your |
| application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. Download the form <u>here</u> . |

Applicant Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Please upload your completed Statement by a Supplier Form * Attach a file:

Max 25mb

FUNDING TYPE

Grant Streams

The **Major Capital Works Grant** is to support incorporated not-for-profit organisation/ associations (sporting clubs) to plan and implement projects to develop, modify, upgrade, or extend sporting, recreation and community facilities.

The maximum grant available through the Major Capital Works Grant is \$50,000 per project however; the City's contribution towards Major Capital Works projects will not exceed 50% of the total project cost.

Once a club has a successful application, they cannot apply for the grant again for three years and until they have acquitted all previous grant funding.

The **Minor Capital Works Grant** contributes to minor capital works projects carried out on City owned property. The purpose is to support sporting clubs to undertake timely development and upgrading of infrastructure, with the aim to increase community participation in sport and recreation.

The maximum amount available is \$4,000 per project. Please note that the City's contribution towards minor capital works projects will not exceed 50 per cent of the total project cost. Clubs may only apply for the Minor Capital Works Grant once per financial year.

It is important to note that contributions of voluntary labour and donated materials (in-kind contributions) can be recognised as a component of the applicant's contribution towards projects in either category.

| Which Grant stream are you applying for? ○ MAJOR Capital Works Grant - Up to \$50,000 ○ MINOR Capital Works Grant - up to \$4,000 |
|--|
| PROJECT DETAILS |
| * indicates a required field |
| Project Title * |
| Timing and Location |
| Project start date * |
| Project must not commence until at least one month after the application has been lodged, as funding will not be provided retrospectively. |
| Project end date * |
| Project duration must be no longer than 12 months. |
| Where will the project take place? * Address |
| Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. |
| Additional project locations Address |
| If applicable, please include additional location if being held at multiple venues |
| Have you obtained Planning and Building approval for your project? * O YES O NO O N/A O Unsure O Other: |
| |

Please attach a copy of these approvals

Attach a file:

| Max 25mb. Please note: There is additional capacity further in the form to add more documents. |
|---|
| Has your project been identified in the City's Community, Sport and Recreation Facilities Plan? * O YES O NO For further information please refer to City of Cockburn Community, Sport and Recreation Facilties Plan or Summary Brochure |
| Please indicate which objective/s your project aligns to from the City's Community Sport and Recreation Facilities Plan * Multi-functional/co-located facilities Community Engagement Upgrading of existing facilities Consistency and equity Accessibility Responsible provision Please select as many responses as applicable with |
| Please explain how your project aligns with this plan |
| |
| Include any additional works etc your project offers, any variation to the timeline that the City has proposed and any contributing factors. |
| Project Details and Benefits |
| Project description (What are you planning?) * |
| |
| Word count: Must be no more than 200 words. Describe your project and its aims. |
| Project rationale (Why are you doing it?) * |
| |
| Word count: Must be no more than 500 words. Describe the issue or need that your project will address and how it will assist in achieving clubs objectives. |
| How have you identified the need for this project? * |
| |
| |

Please include any consultation you have undertaken with other users of the site and the local community

| Who will benefit from | m the project? (Who | ? How many?) * | |
|--|----------------------------|---|--|
| | | | |
| Word count: Must be no more than 20 Describe how the Cockbu participants | | ït. Include estimated num | bers of attendees/ |
| What are the planne How?) * | ed activities? How w | ill you achieve the p | oject aims? (What? |
| | cation of the timeline for | | neet your aims. This is the le project plan to view. This |
| Project Plan | | | |
| | nce for approval proce | tasks required for your ess (if applicable), attain te the works. | |
| If you are seeking any further information in t | | ity to meet any of these | e items please provide |
| Here is a sample proje | ct plan to view | | |
| Task List | Task Description | Anticipated Completion Date | Additional comments |
| | | Must be a date. | |
| | | | |
| | | | |
| | | | |
| | 1 | | |
| | J | | |
| Optional attachment Attach a file: | t of a project plan | | |
| | | | |
| Please provide any o | other supporting inf | formation that is rele | vant to this |

application

| | | <u>.</u> | |
|---|--|----------------------|---|
| Please upload any other : Attach a file: | supporting info | rmation | |
| | | | |
| Experience and Comn | nunity Suppo | rt | |
| What experience has you ○ No experience as yet | r organisation | | a project of this natureSubstantial experience |
| Have you spoken to and i ○ YES | received suppo | rt from the oth | er users of this site? * |
| This is strongly recommended. that share the grounds and buil | | s, regular hire grou | ups, recreational/leisure users |
| List the organisations and project * | d Cockburn con | nmunity memb | ers that support your |
| | | | |
| Word count: Must be no more than 100 word | ds. | | |
| Letters of support or refe | rees | | |
| Attach a file: | | | |
| Letters of support will strongly a individuals telling of the positive you. From an organisation, they Chair, President or CEO. Max 25 | e impact of your or must be printed o | ganisation or proje | ect, and how or why they supp |
| Promotion and Acknow | wledgement | | |
| How will your project be participants? * | promoted and a | advertised? Ho | w will you engage |
| | | | |
| Word count: Must be no more than 150 word | ds. | | |
| Describe types of media or othe participants reached. | | d, and ways the pi | roject will be promoted and |

How will the City of Cockburn's support be recognised? Note, you will be required to provide evidence of this in your grant acquittal. *

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| Word count: | |
|--------------------------------|--|
| Word Couric. | |
| Must be no more than 150 words | |

BUDGET AND FINANCIAL DETAILS

Describe the ways support received will be acknowledged.

* indicates a required field

Financial Details

Total project cost (please use gst exclusive figures) *

\$

What is the total expected cost of your project? This includes all the expenses including volunteer hours.

Grant amount requested *

\$

What is the total financial support you are requesting from the City of Cockburn in this application?

Please note:

Requests for Minor Capital Works are to a maximum of \$4,000, and for Major Capital Works to a maximum of \$50,000.

The City's contribution to these projects will not exceed 50% of the total project cost.

Applicants must include a financial and/or in-kind contribution to the project.

As the funding pool is limited, applications that demonstrate the best value for money will be prioritised, and priority will also be given to applicants that have not previously been funded.

Will the applicant proceed with the proposed project if funding approved is less than the amount requested? *

O YES O NO

Budget Information

Outline your project budget including details of other funding that has been confirmed and/ or applied for. Clear item descriptions must be given (e.g. equipment hire, goods being purchased including quantity, services being engaged etc.)

The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**).

Please ensure all figures are GST exclusive.

Note:

1) INCOME must include:

- all funding received or pledged by the club themselves, and alternate sources such as other funding bodies, sponsors, donations etc.
- in-kind contributions. These are donations of goods/materials and services that have a value; these may include supplies/materials donated and volunteer time. Please calculate volunteer time at a rate of \$20 per hour for unskilled labour, \$35 per hour for qualified tradesmen, and \$50 per hour for professional services (eg. structural engineer, architect etc.)

2) EXPENDITURE must include:

- purchase of non-consumable and consumable items
- equipment purchase or hire
- labour
- in-kind expenses (for goods, materials and services). Please calculate volunteer labour as above.
- 3) DO NOT add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.
- 4) Funds will not be provided for consumables or personal items, however, they may still be included as part of your project budget if they are funded by other sources of income.
- 5) Quotes must be provided (please note Major Capital Works applicants must provide two quotes). Quotes must include the supplier's name, address, phone number and ABN, and indicate whether GST is applicable.
- 6) Confirmed funding means approval has been given and you can provide written proof upon request that the allocated funding or in-kind contribution has been guaranteed.
- 7) Here is a sample budget to view.

Funding Source

Income Description Confirmed funding? Income Amount (\$) Notes

| | GST Excl. | |
|---|-----------------|---|
| | a dollar amount | |
| Applicants Cash | \$ | How much cash will your organisation contribute? |
| Voluntary labour | \$ | The value of voluntary labour associated with your project. |
| Donated Materials | \$ | The value of donated materials you expect to secure |
| Funding Requested from the City of Cockburn | \$ | How much money are you requesting from the City? |
| Other | \$ | Other amounts being contributed to the project? And from who? |
| | \$ | |
| | \$ | |
| | \$ | |

| Budget Totals | | |
|---|---|--|
| Total Project Cost \$ This number/amount is calculated. | ed. | |
| Expenditure | | |
| Please provide details of you | r project budget (do not include | e GST) |
| Item (eg. materials and supplies) | Expenditure Amount (\$) | Calculations |
| | | NB: Items/services require quotes to be provided with grant application. |
| | \$ | |
| | \$ \$ | + |
| | \$ | |
| | \$ | 1 |
| | \$ | |
| | \$ | |
| | \$ | |
| Budget Totals Total Project Expenditure \$ This number/amount is calculated. | | |
| Do your budget totals bala Expenditure Amount? * O YES If NO, please review your budget | ○ NO | ome Amount equal the Total |
| Minor Capital Works Ex | kpenses | |
| For goods or services you quotes * Attach a file: | intend to purchase or hire, | please attach a copy of the |
| | | |
| Attachments | | |
| | inutes from the club commi ub's financial contribution t | |
| | | |

| Please upload Public Liability Certificate Attach a file: | of Currency * |
|--|---|
| | |
| Max 25mb | |
| Please upload a bank statement for you month old) * Attach a file: | r organisation (preferably less than one |
| | |
| Max 25mb. This is to ensure that any transfers are the name of the Organisation that has not been or | made to a current Australian bank account held in verdrawn. |
| Please upload your organisation's most Attach a file: | recent financial statements * |
| | |
| This includes the profit and loss statements. Applie be required to submit independently audited finantinancial statements | cants for the Major Capital Works funding will also cial year statements in addition to the most recent |
| If applicable, please upload proof of other or confirmation from other funding Attach a file: | |
| Max 25mb. This may include CSRFF, Lotterywest e | tc. |
| Major Capital Works Attachments | |
| For goods or services you intend to puro written quotes for all expenditure (costs Attach a file: | |
| | |
| Max 25mb per file attachment. Recommended no | more than 5mb per attachment. |
| Please attach the most recent independ Attach a file: | ently audited financial year statements |
| This is an audit requiremnt for the City for any fun | ding requests over \$5.000 |
| | 3 - 4 |
| Optional additional information | |
| Please upload any other research, docur application Attach a file: | mentation or information to support your |
| | |
| This can include plans, building approvals, exampled | |

Bank Account Details

If your application is successful, funds will be provided via electronic funds transfer (EFT), and we will require the following information.

Please note: This must be the same account for which you have supplied a current statement.

| Club/organisation name * Organisation Name |
|--|
| |
| Name of bank or financial institution * |
| |
| Branch location * |
| |
| Account name * |
| |
| Branch code/BSB number * |
| |
| Account number * |
| |

CERTIFICATION AND SUBMISSION

* indicates a required field

This MUST be completed by an appropriately authorised person (e.g. office bearer such as Chair, President, CEO or authorised officer) on behalf of the applicant organisation. This person may be different to the contact person listed earlier in the application.

Certification

- I am authorised by my organisation to complete and submit this application form.
- I certify that to the best of my knowledge all of the information supplied in this application and attachments is true and correct.
- I will notify the City of Cockburn of any change to the information supplied and any other information or circumstances arising that may affect this application.
- I understand that this is an application only and may not necessarily result in funding approval.

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- I give permission for the City of Cockburn to contact any person or organisation required during the assessment of the application and understand that information may be provided to other agencies, as appropriate.
- I understand that any decision made by the City of Cockburn is final and is not subject to an appeals process.

I understand that if the City of Cockburn approves a grant:

- I will be bound by the contents of this application to carry out the project as described in this application, which will form part of the contractual agreement with the City.
- I will be required to enter into and accept a formal funding agreement with the City. This agreement will contain a comprehensive set of provisions designed to protect the interests of the applicant organisation and the City.

If successful:

Yes

Privacy Notice

- I agree to acknowledge the City's funding through all promotional avenues.

 Acknowledge the City's funding by displaying signage if applicable (supplied by City).
- I am prepared to undertake joint media promotion with the City.
- I recognise that special conditions may need to apply to the funding addressing relevant elements of the City's various strategies and plans to compliment the organisation's objectives.
- All necessary permits and approvals will be obtained prior to the beginning of the project.
- The project will be covered by appropriate insurance.
- All relevant health and safety standards will be met.
- The City does not accept any liability or responsibility for the project.

I have read and agree to the above certification statements *

• I will ensure that acquittal requirements are met within 30 days of the nominated project completion date.

Please fill in your details below as your endorsement of this application and the statements above.

| Authorised Person Name * | | | | | | | |
|--------------------------|------------|--|--|--|--|--|--|
| First Name | Last Name | | | | | | |
| | | | | | | | |
| Position * | | | | | | | |
| | | | | | | | |
| Phone Number * | | | | | | | |
| | | | | | | | |
| · · | e number. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | * umber * | * Last Name * umber * Australian phone number. | | | | | |

The City of Cockburn will use any information provided for the purpose of processing your application and for remaining in contact with you.

Please note the information provided in your application and any related documentation/ discussions may be provided to members of the assessment panel in order to assist the City of Cockburn in processing your application.

By submitting an application you consent to the City of Cockburn publishing the applicant's name, project description and amount funded in promotional material used for promoting the Cockburn Community Fund.

The City of Cockburn values the privacy of its customers and stakeholders. Please <u>click here</u> for further information on our privacy statement.

Feedback

You are now coming to the end of the application process. Before you **REVIEW** and click the **SUBMIT** button please take a minute to provide some feedback. This will help us to continually improve the funding application process for our customers.

| Please indicat | te how vou fou | nd the online app | lication process | |
|-----------------------------|--------------------|-------------------|--------------------|------------------------------------|
| | | ○ Neither | | Very difficult |
| How many mi | nutes did it tal | ke you to complet | e this application | ? |
| | | | | |
| Please estimate i | n minutes e.g. 1 h | our = 60 minutes | | |
| Please sugges | st any improve | ments we should | consider | |
| | | | | |
| | | | | |
| Word count: Must be no more | than 100 words | | | |

Thank you for your application and your feedback.