

# Donation Application Form 2020-2021

## Form Preview

### ELIGIBILITY

\* indicates a required field

#### Important Information

##### Before applying, please:

- Read the [Donations Guidelines](#) and [Policy](#);
- Preview the Application Form, so you can gather all information needed;
- Contact the Grants and Research area on **(08) 9411 3444** during business hours or email **[communitygrants@cockburn.wa.gov.au](mailto:communitygrants@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.

The following questions MUST be completed by the Applicant Organisation. This page of the form is designed to help you, and us, understand if you are eligible for a Donation. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable category of funding.

#### Grants Officer Contact

**This is a mandatory requirement for ALL funding categories. Your application will be deemed INELIGIBLE if you do not contact a Grants Officer.**

Grants Officers can be contacted on on **(08) 9411 3444** during business hours or email [communitygrants@cockburn.wa.gov.au](mailto:communitygrants@cockburn.wa.gov.au)

**Did you contact a City of Cockburn Grants Officer to discuss your potential application? \***

☐ YES ☐ NO

Please note that emails promoting the funding rounds sent by the Grants team do not constitute contact with the Grants Officer. The applicant must initiate contact and advise of the specific intention for the funding.

**Name of Grants Officer \***

**Date of contact \***

**Method of contact \***

☐ Phone ☐ Email ☐ In person ☐ Other:

#### Eligibility Questions

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**A donation is a contribution of money towards your organisation's day-to-day running costs, NOT for a specific project or activity. Eligible applicants include not-for-profit benevolent organisations that directly assist the disadvantaged and/or vulnerable within the Cockburn community. Does your organisation and application fit within this category? \***

☐ YES ☐ NO

If NO, you are not eligible for a Donation. Please note that sports clubs, residents associations or other special interest groups are not eligible.

**Is your organisation a not-for-profit entity? \***

☐ YES ☐ NO

If NO, you are not eligible for a Donation. Check here: is your organisation not-for-profit?

**Is your organisation an incorporated legal entity OR are you being auspiced by an incorporated organisation? \***

☐ YES ☐ NO

If YES, you must supply a copy of the organisation's Certificate of Incorporation. If NO, you are not eligible for a Donation. You may only apply for a Donation through an organisation or auspicing body that is an incorporated, not-for-profit organisation. The auspicing body receives funding on behalf of the applicant organisation.

**Is your organisation based in the City of Cockburn AND/OR primarily providing services in the City of Cockburn; OR looking to provide a service in Cockburn that will benefit the Cockburn community? \***

If NO, you are not eligible for a Donation.

**Is your organisation financially viable? \***

☐ YES ☐ NO

Applications for funding of up to \$5,000 must provide a recent bank statement. Applications for more than \$5,000 require a bank statement no more than one month old and the minutes of your organisation's most recent Annual General Meeting, including an audited Financial Report, with this application.

**Does your organisation have appropriate insurance? \***

☐ YES ☐ NO ☐ Not applicable

For example: volunteers, professional indemnity, public liability.

**If you answered NO to any of the above Eligibility Questions, you may not be eligible for funding and should contact the Grants and Research area on (08) 9411 3444 before proceeding with this application.**

## Previous Funding

Please note as per current Policy:

**An applicant may successfully apply for and receive funding from two different categories (in the Policy) per financial year, provided they meet the criteria for the particular category, however, the applications cannot be for the same project, and any previous year's funding must be satisfactorily acquitted.**

**Has your organisation previously received funding from the City of Cockburn? \***

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☐ YES, this financial year      ☐ YES, in previous years      ☐ NO

If you have received funding in this financial year, contact the Grants and Research area on (08) 9411 3444 to confirm your eligibility before proceeding with this application.

**If you have received previous funding from the City of Cockburn, please provide details of your most recent successful application/s**

Please include approximate date, category of funding, project title and amount.

**Does your organisation have any outstanding City of Cockburn acquittal reports?**

\*

☐ YES      ☐ NO      ☐ 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 relevant Acquittal Form.

### Previous Funding Outcomes

**Please explain the services or activities your organisation was able to provide in Cockburn due to previous funding \***

Word count:  
no more than 200 words

**Describe how your services were promoted and made accessible to your target demographic within Cockburn \***

Word count:  
no more than 200 words

**Describe how the Cockburn community benefited from your services in the previously funded period. How many individuals benefited? \***

Word count:  
no more than 200 words

**How were the outcomes measured? Did these meet expectations? \***

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Word count:  
no more than 200 words

**In what ways was the support from the City of Cockburn recognised? \***

Word count:  
no more than 150 words  
This may include written acknowledgement, display of logo on printed and/or digital materials, social media, media articles etc.

## APPLICANT DETAILS

\* indicates a required field

### Applicant Organisation Details

**Applicant organisation name \***

Organisation Name

**Describe your organisation and its purpose \***

Word count:  
Must be no more than 200 words.  
Where possible, please include number of members of your organisation, and number of people that benefit from your services or activities (and how this number is measured)

**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

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**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

### Applicant Organisation Contact Person

**Contact name \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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 organisation a not-for-profit entity? \***

☐ YES ☐ NO

If NO, you are not eligible for a Donation.

**Is your organisation incorporated? \***

☐ YES ☐ NO

If NO, you must fill out the Auspice Organisation Details.

**Please upload a copy of your organisation's Certificate of Incorporation \***

Attach a file:

Max 25mb

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### Does your organisation have an ABN? (Australian Business Number) \*

☐ YES ☐ 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 or donation to be withheld. Download the form [here](#).

### 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	<a href="#">More information</a>
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

## AUSPICE DETAILS

\* indicates a required field

### Auspice Organisation Details

#### Auspice organisation name \*

Organisation Name

#### Street address \*

Address

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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.

## Auspice Organisation 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.

### Is your organisation a not-for-profit entity? \*

☐ YES ☐ NO

If NO, you are not eligible for a Donation.

### Is your organisation incorporated? \*

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☐ YES ☐ NO

If NO, you are not eligible to auspice this application.

### Please upload a copy of your organisation's Certificate of Incorporation \*

Attach a file:

Max 25mb

### Please attach a letter signed by the Auspice Organisation office bearer verifying the auspice arrangement \*

Attach a file:

Must be the President, Chair, CEO, Secretary or Treasurer. Letter must include name, position, signature and date, and confirm the arrangement is valid and current. Max 25mb

### Does your organisation have an ABN? (Australian Business Number) \*

☐ YES ☐ 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 [here](#).

### Auspice 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	<a href="#">More information</a>
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



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### SERVICES AND BENEFITS

\* indicates a required field

#### Donation Application Title \*

This can be the organisation name, or name of a particular service, or funding period.

#### Funding Period

##### Start date \*

Funding will not commence until at least two months after the application closing date.

##### End date \*

Funding duration must be no longer than 12 months

#### Organisation Services and Benefits

##### Please describe the nature of your organisation's activities \*

Word count:  
no more than 200 words

##### Please describe the issues or needs your organisation will address \*

Word count:  
no more than 200 words

##### Please indicate which theme/s your organisation aligns with from the City's Strategic Community Plan

- ☐ Local Economy – a sustainable and diverse local economy that attracts increased investment and provides local employment
- ☐ Environmental Responsibility – a leader in environmental management that enhances and sustainably manages our local natural areas and resources
- ☐ Community, Lifestyle and Security – a vibrant, healthy, safe, inclusive and connected community
- ☐ City Growth and Moving Around – a growing City that is easy to move around and provides great places to live
- ☐ Listening and Leading – a community focused, sustainable, accountable and progressive organisation

For more information or a further breakdown of the themes into objectives, please refer to the City of Cockburn Strategic Community Plan

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**How will the Cockburn community benefit from your organisation's services? And how many individuals will benefit? \***

Word count:

no more than 200 words

This needs to include overall benefits to the City's residents. Where possible, please include number of members of your organisation, and number of people that benefit from your services or activities (and how this number is measured)

**How will your organisation provide direct outcomes for the disadvantaged and/or vulnerable in the Cockburn community? \***

Word count:

no more than 200 words

**How will you determine and measure the outcomes and benefits? \***

Word count:

no more than 200 words

**How will funding improve access to services or activities for Cockburn residents? \***

Word count:

no more than 200 words

**Please describe how you will demonstrate value for money and/or value adding as a result of the proposed funding \***

Word count:

no more than 200 words

## Community Support

**List the organisations and Cockburn community members that support your organisation \***

Word count:

Must be no more than 100 words.

## Letters of support or referees

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Attach a file:

Letters of support will strongly assist your application. They are written by another organisation or individuals telling of the positive impact of your organisation or services, and how or why they support you. From an organisation, they must be printed on the supporter's letterhead and be signed by the Chair, President or CEO. Max 25mb

### Promotion and Acknowledgement

**How will your services be promoted and advertised? How will you engage participants? \***

Word count:

Must be no more than 150 words.

**How will the City of Cockburn's support be recognised? \***

Word count:

Must be no more than 150 words.

Describe the ways support received will be acknowledged.

## BUDGET AND FINANCIAL DETAILS

\* indicates a required field

### Donation Request

**Donation amount requested \***

\$

What is the total financial support you are requesting from the City of Cockburn in this application?  
Max. \$20,000 with lesser amounts encouraged.

**Please note:**

Requests for Donations are to a **maximum of \$20,000**, however the maximum is **rarely awarded** as donations are highly competitive and generally approved for a lesser amount. Funding given will be in line with similar services.

Priority will be given to applications that can demonstrate other funding sources, so that the funding is subsidising operations rather than relying solely on funding from the City.

**Does the funding amount requested differ from what you have previously received? \***

☐ YES

☐ NO

If this is more or less than previously received

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### Funding Justification

**Please provide any reasons as to why the funding request is different from past applications or from what was received. This may include increase or decrease in services being offered, change in how you operate within Cockburn (e.g. consolidation of staffing/location/budgetary changes) or funding from other sources. \***

Organisations that can demonstrate moves towards long-term sustainable independent funding are highly regarded. It is also important to demonstrate the 'added' community benefit with any request for an increase in funding.

### Operational Budget Information

Please fill in the following table and tell us where your organisation's money comes from. Income sources also include other grants and donations. Please tell us if these have been confirmed or not.

**Please note:**

DO NOT add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.

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.

### Operational Budget Table

Income Source	Confirmed funding?	Income Amount (\$)	Comments
			E.g. If funding is for a particular project, area of need etc.
City of Cockburn Donation Request			

### Attachments

**Please upload a bank statement for your organisation or Auspice organisation (preferably less than one month old) \***

Attach a file:

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Max 25mb

**If applicable, please upload proof of other financial contributions (e.g. letters of offer or confirmation from other funding contributors)**

Attach a file:

Max 25mb

**Are you applying for more than \$5,000 in funding from the City of Cockburn? \***

☐ YES

☐ NO

If YES, you will be directed to attach AGM minutes and audited financial statements

**Please upload minutes of your organisation's (or auspice organisation's) most recent Annual General Meeting (AGM) \***

Attach a file:

**Please upload your organisation's (or auspice organisation's) most recent audited financial statements \***

Attach a file:

This includes the profit and loss statements

## Bank Account Details

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

For applicants that are not incorporated, we require the banking details for the auspice organisation.

**Incorporated organisation name \***

Organisation Name

**Name of bank or financial institution \***

**Branch location \***

**Account name \***

**Branch code/BSB number \***

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**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, and, if applicable, the auspice 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.
- 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 donation:

- I will be bound by the contents of this application to carry out the services as described in this application, which will form part of the contractual agreement with the Council.
- I will be required to accept the conditions of funding in accordance with Council requirements.
- If applicable, I will be required to comply with the City's [Wastewise Event Policy](#) and complete an [Accessible Events Checklist](#) in relation to the funded project.
- Council does not accept any liability or responsibility for the organisation's operations.

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

**I have read and agree to the above certification statements \***

☐ Yes

**Authorised Person Name \***

Title      First Name      Last Name

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**Position \***

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**Phone Number \***

--

Must be an Australian phone number.  
Must include area code.

**Date \***

--

### Certification by Auspice Organisation

**I have read and agree to the above certification statements \***

☐ Yes

**Authorised Person Name \***

Title      First Name      Last Name

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**Position \***

--

**Phone Number \***

--

Must be an Australian phone number.  
Must include area code.

**Date \***

--

### Privacy Notice

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.

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The City of Cockburn values the privacy of its customers and stakeholders. Please [click here](#) 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 indicate how you found the online application process**

☐ Very easy    ☐ Easy    ☐ Neither    ☐ Difficult    ☐ Very difficult

**How many minutes did it take you to complete this application?**

Please estimate in minutes e.g. 1 hour = 60 minutes

**Please suggest any improvements we should consider**

Word count:

Must be no more than 100 words.

**Thank you for your application and your feedback.**