ELIGIBILITY

* indicates a required field

Important Information

Before applying, please:

- Read the Sports Equipment Grant 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 guestions.

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 Sports Equipment Grant 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
- Servicing a significant number of local residents.

Applications are open all year round, and for administrative purposes are broken into funding rounds to correspond which Financial year funds will be awarded from. Clubs may only apply once per round (i.e. apply only once every financial year).

Eligibility Questions

Is your organisation an incoporated, not or operating within the City of Cockburn YES	
If NO, you are not eligible for a Sports Equipment (profit?	
Does your organisation provide services residents? *	for a significant number of local
O YES If NO, you are not eligible for this funding	○ NO

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

Previous Funding

An applicant may successfully apply for and receive funding from different categories, 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? * YES, this financial year YES, in previous years NO If you have received funding in this financial year, contact the Club Development Officer on (08) 941 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: grant type, approximate date, and approximate amount
Does your organisation have any outstanding City of Cockburn 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 *
P 10110 11011001
Must be an Australian phone number. Must include area code.
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 Sporting Association? *
○ YES ○ NO
What is the name of the State Sporting Association?
How many playing members do you have in your Club?
Last Season *
Must be a number.
Current Season *

Must be a number.

Please upload a copy of y Attach a file:	our organisation's Certifica	ate of Incorporation *
Account a men		
Max 25mb		
Does your organisation h YES	ave an ABN? (Australian Bu	usiness Number) *
If you do not have an ABN, plea	se complete and submit a Statem bmitted, the Australian Taxation	nent by a Supplier Form with your Office will require 48.5% of an
○ YES	ave current public liability	insurance? *
You will be asked later in this fo	m to attach a copy.	
Applicant Organisation A	BN *	
The ABN provided will be use check that you have entered		ormation. Click Lookup above to
Information from the Australian	Business Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		
Please upload your comp Attach a file:	eted Statement by a Supp	lier Form *
Max 25mb		

PROJECT DETAILS

* indicates a required field

indicates a required neid
Equipment Details and Benefits
Please provide a brief overview of the equipment required. Sporting Equipment can include any sport specific items and/or storage options which assist with ensuring equipment is stored safely and efficiently. *
Please note the Conditions regarding what can be funded through this Grant type. If in doubt, please speak to the Club Development Officer
How will this equipment assist in achieving the club's objectives *
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.
Please provide any other supporting information that is relevant to this application
Promotion and Acknowledgement
How will the City of Cockburn's support be recognised? (Note: You MUST provide evidence of this in the grant acquittal) \ast
Word count: Must be no more than 150 words. Describe the ways support received will be acknowledged. May include mention on website, newsletter, Social Media etc.
BUDGET AND FINANCIAL DETAILS
* indicates a required field
Financial Details - Please use GST exclusive figures for all amounts.
Total project cost (please use gst exclusive figures) * \$

What is the total expected cost of the equipment you wish to purchase?

Grant	amount	requested	*
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\$

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

Please note:

ALL figures used MUST be GST exclusive. Please use this **simple GST Calculator** to convert amounts as needed.

Requests for Sports Equipment Grants are to a maximum of \$1,000.

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? *

YES

 \bigcirc NO

Budget Information - Please ensure all figures are GST exclusive.

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. number of items purchased and what it is to be used for)

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

All figures must be GST exclusive.

Please note:

- 1) INCOME must include:
 - all funding sources, ie, club funds, donations, amount requested from the City of Cockburn Sports Equipment Grant, or other grants.
- 2) EXPENDITURE must include:
 - equipment purchase or hire (gst exclusive amounts).
- 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. Quotes must include the supplier's name, address, phone number and ABN, and indicate whether GST is applicable. (A copy or screenshot of an online item is sufficient)

Funding Source

Funding Description Is the funding confirmed?	g Amount (\$)	Funding Notes
Please list source of other funds	GST Excl. a dollar amount	Provide details of other amounts being contributed & by who
Applicant's funds	\$	How much money will your organisation contribute?
Funding Requested from the City of Cockburn	\$	How much money are you requesting from the City?
Other funds - indicate source	\$	
	\$	
	\$	

Budget Totals

Tota	l Pro	iect	Cost
IOLA		Jecr	CUST

\$

This number/amount is calculated.

Expenditure - Please ensure all amounts used are GST exclusive.

Please provide details of your project budget

Item (eg. equipment/ supplies)	Expenditure Amount (\$)	Expenditure Notes
		NB: Items/services require quotes to be provided with grant application. Use this section to provide notes or calculations
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Budget Totals

Total Pro	iect I	Expend	iture /	Amount
------------------	--------	--------	---------	--------

\$

This number/amount is calculated.

Do your budget totals balance i.e. does the Total Income Amount equal the Total Expenditure Amount? *

○ YES ○ NO

If NO, please review	your	budget ta	able before	submitting.
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Quotes
For goods or services you intend to purchase, you must attach a copy of the quote/s Attach a file:
Attachments
Please upload Public Liability Certificate of Currency Attach a file:
Max 25mb
Please upload a bank statement for your organisation (preferably less than one month old) * Attach a file:
Max 25mb. This is to ensure that any transfers are made to a current Australian bank account held i the name of the Organisation that has not been overdrawn
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. This may include CSRFF, Lotterywest etc.
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 *	
Must be no more than 6 characters.	
Account number *	
Enter account number without spaces	

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.
- 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:

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

l have r ○ Yes	ead and agree	to the above cert	ification statements *
Authori Title	sed Person Nam First Name	ne * Last Name	
Position	ı *		
Phone I	Number *		
	an Australian phone ude area code.	e number.	
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.

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

the SUBMIT butto	n please take	of the application pr a minute to provide application process	some feedback. Th					
Please indicate k	ow you four	nd the online appl	ication process					
	•		<u>-</u>					
○ 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								
Diago suggest any improvements we should consider								
Please suggest any improvements we should consider								
Word count:								
	7.00							
Must be no more tha	n 100 words.							

Thank you for your application and your feedback.