ELIGIBILITY

* indicates a required field

Important Information

Before applying, please:

- Read the Sustainability Grants Guidelines and Policy;
- Preview the Application Form, so you can gather all information needed;
- Contact the Environmental Projects Officer on **(08) 9411 3601** during business hours or email **sustainability@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 Sustainability Grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Sustainability Officer Contact

| Did you contact the your potential appli O YES | | urn's Environmental Proj | ects Officer to discuss |
|--|-----------------|--------------------------------------|---|
| Name of Environme | ntal Projects (| Officer * | |
| | | | |
| Date of contact * | | | |
| Method of contact O Phone | ○ Email | ○ In person | Other: |
| How did you hear a | bout the City (| of Cockburn Sustainabilit | ty Grants program? * |
| Eligibility Questic | ons | | |
| Is your organisation Community Group Not-For-Profit Orga | | Collective House | ehold (>2 households) , Secondary, K-12) |

| Small Business (<20 of the second of the | employees) or a Sustainability Grant. Che | ck here: <u>is your orga</u> | anisation not-for-profit? |
|--|---|--|-----------------------------|
| Is your organisation b services in the City of | ased in the City of Cock Cockburn? * | kburn AND/OR p | rimarily providing |
| If NO, you are not eligible for | or a Sustainability Grant. | | |
| eligible for funding ar | o any of the above Eligil nd should contact the En ceeding with this applic | nvironmental Pr | |
| Previous Funding | | | |
| YES, this financial | previously received full YES, in previous ON ears | | City of Cockburn? * Other: |
| If you have received funding | g in this financial year, conta efore proceeding with this ap | | Officer on (08) 9411 3444 |
| | orevious funding from the ecent successful application | | urn, please provide |
| Please include approximate | e date, category of funding, p | roject title and amo | unt. |
| Does your organisation* | on have any outstanding | City of Cockbu | rn acquittal reports? |
| funding has been satisfacto | NO successful in previous years a orily acquitted. Acquitted mea ding providing receipts and e | re eligible to apply ins you have provide | ed a detailed report of how |
| APPLICANT DETAI | LS | | |
| * indicates a required fie | ld | | |
| Applicant Details | | | |
| Applicant name * Organisation Name | | | |
| Name of Community Group | , Not-for-profit Organisation, | Small Business, Coll | lective Household, School |
| Category of Applicant | * | | |
| Contact name * Title First Name | Last Name | | |

| Position held in organisation (if applicable) |
|--|
| a control of gambatan (in apprication) |
| Street address * Address |
| |
| Suburb State Postcode Must be an Australian postcode. |
| Postal address (if different from street address) Address |
| |
| Suburb State Postcode Must be an Australian postcode. |
| Applicant primary phone number * |
| Must be an Australian phone number. Must include area code. |
| Applicant primary email * |
| Must be an email address. This is the address we will use to correspond with you about this application. |
| Applicant website (if applicable) |
| Must be a valid URL |
| Applicant Secondary Contact Person |
| Secondary Contact Name * Title First Name Last Name |
| |
| Position within the organisation (if applicable) |
| |

Main business location

Must be an ABN.

| 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 may use to correspond w | ith you about this application. |
| Is your organisation a not-for-profit en ○ YES | otity? * O NO |
| Names of other members, if a group a | pplication |
| | |
| | |
| Is your organisation incorporated? * ○ YES | ○ NO |
| Does your organisation have an ABN? | |
| O YES If you do not have an ABN, please complete and application; if this form is not submitted, the Au approved grant to be withheld. Download the fo | |
| Applicant Organisation ABN * | |
| | |
| The ABN provided will be used to look up the check that you have entered the ABN corre | ne following information. Click Lookup above to ectly. |
| Information from the Australian Business Regist | ter |
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type More infor | mation |
| ACNC Registration | |
| Tax Concessions | |

| Please upload your completed Statement by a Supplier Form Attach a file: |
|---|
| |
| Max 25mb |
| PROJECT DETAILS |
| * indicates a required field |
| Project Title * |
| |
| Timing and Location |
| Project start date * |
| Project must not commence until funding approval has been granted. Allow for up to 6 weeks for notification |
| Project end date * |
| Project duration must be no longer than 12 months. |
| Where will the project take place? * |
| Please detail all locations if being held at multiple venues. |
| Has the location been approved for this project? * ○ YES ○ NO |
| Please provide details on this approval |
| |
| Please contact the Sustainability Officer if you require assistance |
| Project Details and Benefits |
| Provide a brief description of your project * |
| |
| Word count: Must be between 50 and 350 words. Describe the issue or need that your project will address. |

Which of the six grant themes does your project address? *

| □ Giving Back: to improve social equity and involvement across the City □ Protecting our Future: to build resilience to climate change and/or safeguarding biodiversity |
|--|
| □ Strong Communities: to build community capacity □ Water, Energy and Waste: to promote resource use efficiency |
| □ TravelSmart: to facilitate the uptake of alternative transport □ Healthy Lifestyles: promoting opportunities for improved public health outcomes in the community |
| You must select at least one theme. For more information or these thems and council objectives, please refer to the <u>City of Cockburn Climate Change Strategy</u> |
| Please describe how your project meets the grant theme(s) * |
| |
| Word count: Must be between 50 and 200 words. Describe your project and its aims. List the specific activities that will take place to carry out your project and meet your aims. |
| Who is involved in your project? How many participants? * |
| |
| Word count: Must be between 50 and 200 words. |
| How will your project benefit others? (Could it be replicated? Are there benefits to the wider community?) ${\color{red} *}$ |
| |
| Word count: Must be between 50 and 200 words. Describe how the Cockburn community will benefit. |
| What are the expected outcomes of the project? (Why? How?) * |
| |
| Word count: Must be between 50 and 200 words. |
| Decribe three or more benefits you want the project to provide to participants and/or others. Consider short and long term goals. |
| How will you complete your project? * |
| |
| Word count: Must be between 50 and 200 words. |
| Describe the steps you will undertake to achieve the project outcomes. |

Experience and Community Support

Sustainability Grants

Form Preview

| What experience has your organisation in undertaking a project of this nature? * ○ No experience as yet ○ Some experience ○ Substantial experience |
|---|
| List the organisations and Cockburn community members that support your project * |
| |
| Word count: Must be no more than 100 words. |
| Letters of support or referees 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 project, and how or why they support you. They must be printed on the supporter's letterhead. Max 25mb |
| Promotion and Acknowledgement |
| How will your project be promoted? * |
| |
| Word count: Must be no more than 250 words. Describe types of media or other means to be used, and ways the project will be promoted. How will you engage participants in the community? How will you acknowledge the City's support? |
| BUDGET AND FINANCIAL DETAILS |
| * indicates a required field |
| Financial Details |
| Total project cost * \$ What is the total budgeted cost of your project? |
| |
| frant amount requested * \$ Must be a dollar amount and no more than 4000. What is the total financial support you are requesting from the City of Cockburn in this application? |

Please note:

Requests for Sustainability Grants are to a $\mathbf{maximum}$ of $\mathbf{\$4,000}$ ex \mathbf{GST} , however grants are generally approved for a lesser amount.

Applicants who are able to contribute toward the project in cash or in-kind will be considered favourably.

Items that are ineligible for funding are:

- Renewable energy systems
- Grey water systems
- Hot water systems
- Labour Costs
- Costs associated with planning approvals
- More than one project each grant year

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. materials, equipment hire, venue hire, advertising, supplies etc.)

- All figures are GST exclusive.
- **Please note:** in-kind contributions. These are donations of goods/materials and services that have a value; these may include a venue, materials donated and volunteer staff time. Please calculate volunteer labour at \$30/hour.
- Please don't add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.
- Applicants labour costs, infrastructure and planning costs ARE NOT eligible for grant funding, though may be included as part of your project budget if they are funded by the applicant or other sources of income.
- Quotes must be provided for each expense (except in-kind) greater than \$200.

Here is a <u>sample budget</u> to view.

Grant funding request

| Expense description | Amount requested |
|-----------------------------|------------------|
| | \$ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| e.g. Tubestock - 500 plants | |

Total Grant Funding Request Amount

\$

This number/amount is calculated.

Applicant Contributions

Expense Description (Cash or In-Kind Value support)

Sustainability Grants

Form Preview

| | \$ |
|---------------------------|----|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| e.g. 100 hours at \$30/hr | |

| nt |
|----|
| |

\$

This number/amount is calculated.

Other funding

Expense description and funding source Value

| Expense description and runding soc | value | |
|--------------------------------------|-------|--|
| | \$ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| e.g. Lotterywest for Community event | | |

Total Other Funding Amount

\$

This number/amount is calculated.

Total Project Cost

| Total Funding Request | Total Applicant Contribution | Total other funding | Total Project Cost |
|-----------------------|-------------------------------------|-----------------------|-----------------------|
| \$ | \$ | \$ | \$ |
| This number/amount is | This number/amount is | This number/amount is | This number/amount is |
| calculated. | calculated. | calculated. | calculated. |

Attachments

| Please upload written quotes for all exp | enditure (cost) items over \$200 |
|--|----------------------------------|
| Attach a file: | |
| | |

Max 25mb per file attachment. Recommended no more than 5mb per attachment.

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 | |
|---|--|
| Bank Account Details | |
| If your application is successful, funds will be and we will require the following information. | |
| Bank account 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 property owner) 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 the applying group 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 Council.
- I will be required to accept the conditions of funding of the grant in accordance with Council requirements.

If successful:

Yes

- 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.
- Council 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 60 days of the nominated project completion date.

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

| | sed Person Na First Name | i me * Last Name | | | | |
|--|------------------------------------|----------------------------|--|--|--|--|
| | | | | | | |
| Positio | n * | | | | | |
| | | | | | | |
| 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.

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.

| | • | nd the online app | - | 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 t | han 100 words. | | | | | | | |

Thank you for your application and your feedback.