

FINANCIAL ASSISTANCE FOR COMMUNITY EVENTS

APPLICATION FORM

ORGANISATION DETAILS

Name of Organisation	
Postal Address	
Street Address	
Email Address	
Website	

Does your organisation have an ABN (Australian Business Number) Yes No

If yes please indicate your ABN - - -

Is your organisation registered for the GST? Yes No

Is your organisation incorporated? Yes No

Is your organisation licensed under the charitable collections act (1946) Yes No

Is there a parent body? (If yes please give contact details) Yes No



Name	
Address	

How many years has your organisation been in operation? yrs mth

Type of community organisation (which best describes your organisation)

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Residents | <input type="checkbox"/> Religious | <input type="checkbox"/> Children |
| <input type="checkbox"/> Ethnic | <input type="checkbox"/> Youth | <input type="checkbox"/> Seniors | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Sporting/Recreation | <input type="checkbox"/> Education | <input type="checkbox"/> Disability Services | <input type="checkbox"/> Other (specify) |

What is the primary purpose of your organisation?

Is there a membership to your organisation?

Yes No

If yes, please indicate your membership numbers for the past 3 years?

2012/13 _____

2013/14 _____

2014/15 _____

If your organisation is not based within the Town of Cambridge please indicate what number of your members are Town of Cambridge residents:

CONTACT DETAILS

Title	
Full Name	
Position	
Telephone	
Mobile	
Facsimile	
Email	

EVENT DETAILS

Event Name	
Date of event	
Location of event	

Will there be a cost to attendees?

Yes No

If you answered **yes**, you are **ineligible** to proceed further

Event Description:

What are the objectives of the event (attach additional pages if required):

1	
2	
3	
4	
5	

Provide evidence to show the need for the event, expected benefits and community support:

Who will participate and/or benefit from the event and detail the accessibility to people with disabilities?

Estimate the number of Cambridge residents who will attend and directly benefit from the event?

Does the proposed event have any other sources of income (internal or external) such as other grants or sponsorship, to assist in the funding of the project?

Detail your organisations experience in promoting previous events or similar activities:

Please indicate how your organisation will acknowledge the contribution from the Town should you be successful in receiving all or part of the financial assistance requested:

Has this event or your organisation received funding under this grant program before? Yes No

If yes please fill out the table below:

Previous project	Event date	Amount received (\$)

Were all grants received acquitted satisfactorily? Yes No

EVENT BUDGET

Anticipated budget

	price excluding GST \$	GST amount \$	total including GST \$
Income			
Town of Cambridge request			
Grants – State			
Grants – Federal			
Fundraising			
Your organisations contribution			
In-kind sponsorship			
Other sponsorship			
Total Projected Income \$			
Expenditure (list all expenditure related to the event)			
Total Projected Expenditure \$			

NB: Total income must equal total projected expenditure

Financial assistance requested

Amount excluding GST	GST amount	Total Amount including GST
\$	\$	\$

All 3 columns must be completed for the application to be processed

**PLEASE NOTE:
For items under \$500 attach one written quote
Two written quotes provided for all items \$500 and over**

Item(s)/services requested	1 st Quote \$			2 nd Quote \$		
	Price excluding GST	GST amount	Total including GST	Price excluding GST	GST amount	Total including GST
Total						

ORGANISATION DECLARATION

- ❖ I hereby certify that I am currently authorised to sign legal documents on behalf of the organisation
- ❖ I declare that all the information is true and correct
- ❖ I give the Town of Cambridge permission to contact any persons listed in the application and understand that information may be provided to other agencies, as appropriate
- ❖ I agree to the attached grant conditions in the event that a Town of Cambridge grant is approved to my organisation

Name _____

Position in organisation: _____

(Chairperson / President / Authorised person)

Signature _____

Date _____

Telephone (daytime) _____

Address applications to

Town of Cambridge
Community Development
PO Box 15
FLOREAT WA 6014

Or email: mail@cambridge.wa.gov.au