

# Sustainable Grant Application Form

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## Applicant Details

Please read through the Sustainable Grants Program Guidelines prior to completing this document.

For applications by individuals or organisations that are not incorporated, please provide the details of the legally constituted, incorporated and not-for-profit organisation who has agreed to auspice the project. An accompanying letter is required to provide proof of their agreement.

If there is a cost to attendees for an event or program under this grant application it will not be eligible for funding and the application will not be processed.

## Level of Funding

Select the funding level which you wish to apply for:

1.	Large projects or initiatives - funding up to \$3,000. Suitable for teams or groups experienced in delivering community projects.	
2.	Medium projects or initiatives - funding up to \$1,500. Suitable for grant applicants with some project experience.	
3.	Small projects or initiatives - funding up to \$500.00. Suitable for first-time grant applicants who wish to implement a small scale sustainability project or initiative. Also available to existing organisations or groups.	

## Contact Details

<b>Name of Organisation</b>	
<b>Postal Address (If different from Street Address)</b>	
<b>Street Address</b>	
<b>Email Address</b>	

Links to Website / Social Media page (If available)	
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## Main Contact Person Details

Title	
Full Name	
Position in the organisation	
Telephone (if applicable)	
Mobile	
Email	

## Organisation Details

1. Does your organisation have an ABN (Australian Business Number) Yes  No
2. If yes, please indicate your ABN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Is your organisation registered for the GST Yes  No
5. Is your organisation incorporated? (please provide certification of incorporation)  
Yes  No  (If no please go to point 7)
6. Is there a parent body? Yes  No

If yes please give contact details below

Name of parent body	
Address	
ABN	

7. How many years has your organisation been in operation? \_\_\_\_\_

8. Type of community organisation (which best describes your organisation)

- Arts                       Residents                       Religious                       Children

- Ethnic                       Youth                       Seniors                       Environmental  
 Sporting/Recreation                       Education                       Disability Services                       Other (specify)

**9. What is the primary purpose of your organisation?**


**10. Is there a membership to your organisation? Yes  No**

If yes, please indicate your membership numbers for the past 2 years?

Last year \_\_\_\_\_ Previous year \_\_\_\_\_

## Event/Activity Details

<b>Project/Initiative Name</b>	
<b>Location of Project/Initiative</b>	

## Event/Activity Description

Which of the following sustainable themes does the event/activity target? (Please tick all that apply)

- Water     Energy and Transport

- Natural Environment       Waste
- Climate resilience       Sustainable Food

**Give a brief description of the organisation’s activities**

<b>(Additional information can be provided as an attachment.)</b>

**Indicate how the event/activity objectives could align with the Town’s objectives:**

<b>Objectives</b>	<b>Alignment</b>
A sense of community, pride and belonging	
An active, safe and inclusive community	
The Town is environmentally responsible and leads by example	
A community that embraces environmentally responsible practices	

**Expected Benefits (including long term benefits beyond the event/activity end date)**


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**Community Support – Indicate how the greater community could benefit from the project and indicative community involvement where applicable**

<b>(Photographs can be included or references to social media pages)</b>

**Estimate the number of people to participate in the event/activity? (Numbers can be indicated per event, e.g. weekly catch-ups, once off events, or membership numbers.)**

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**Participating Town of Cambridge residents (%): \_\_\_\_\_**

**Detail how your event/activity will be accessible and inclusive to all people:**


**Detail your organisation’s or member’s experience in organising previous events or similar activities, where applicable:**


Detail how your organisations will promote the event/activity to the wider community:


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 organisation received previous funding from the Town of Cambridge?

Yes  No

Were all grants received acquitted satisfactorily? Yes  No

## Financial Contribution Request Details

Income	Price (GST Ex)	GST	Total (GST Inc)
	\$	\$	\$
Town of Cambridge Request – Total Estimate			
<b>Other Contributions</b>			
Grants – State (If applicable)			
Grants – Federal (If applicable)			
Your organisations contribution			
In-kind support (In-kind support is calculated based on the current volunteering rates) *			
Other sponsorship or income			

Total Projected Income \$			
<b>Expected Expenditure (list all expenditure related to the event and provide quotations where possible)</b>	<b>Price (GST Excl.) \$</b>	<b>GST \$</b>	<b>Total (GST Incl.) \$</b>
Total Projected Expenditure \$			

\*Wages Charge-out rates can be calculated from the [volunteeringwa.org.au](https://www.volunteeringwa.org.au) website:  
<https://www.volunteeringwa.org.au/resources/volunteer-benefits-calculator>

#### Financial assistance requested

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

## 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:** \_\_\_\_\_

**(Chairperson / President / Authorised person)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone (daytime):** \_\_\_\_\_

**SUBMIT APPLICATIONS THROUGH THE WEBSITE OR [MAIL@CAMBRIDGE.WA.GOV.AU](mailto:MAIL@CAMBRIDGE.WA.GOV.AU)**