



## Application Form Community Grant Program (CGP) Category 3 & 4 Grants

The Community Grants Program offers four (4) categories, allowing applicants to select the one that best fits their needs.

1. CEO Donation (up to \$1,000) *(Do not use this form)*
2. Quick Response Grant (less than \$3,000) *(Do not use this form)*
3. **Community Grant (more than \$3,000)**
4. **Industry Support (Triennium Community Grants)**

**\*\* Only use this form for Category 3 and 4 grant applications \*\***

### Important Dates:

Round 1: Open between 1 August 2025 and 30 September 2025 (Applications will be considered at the Public Ordinary Council Meeting in October.)

Round 2: Open between 1 February 2026 and 31 March 2026 (Applications will be considered at the Public Ordinary Council Meeting in April.)

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

APPLICATION ROUND/YEAR	
<b>Which round and financial year are you applying for?</b> (eg. R1 - 2025/2026)	
<b>What category are you applying for?</b>	3 - Community Grant 4 - Industry Support
GROUP/ORGANISATION DETAILS	
<b>Group/Organisation:</b>	
<b>Postal address:</b>	
<b>ABN:</b>	<i>If not supplying ABN, please complete and attach a <b>Statement by Supplier</b> form available on the ATO website <a href="#">here</a></i>
<b>Does your group/organisation have Public Liability Insurance?</b>	Yes - Please attach a copy of your Certificate of Currency  No - You will need an auspicings organisation with a current Public Liability Insurance policy and provide a copy of their Certificate of Currency.

Is your organisation (or auspicing organisation) registered for the Goods and Services Tax (GST)?	Yes  No
Is your group/ organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)	Incorporated Association  Not for Profit Company or charity  Other (please specify) _____  <i>If you are not an Incorporated Association, Not for Profit Company, charity or other appropriate organisation you must have an auspicing organisation that will manage the funds and provide a Certificate of Currency for Public Liability Insurance.</i>  <i>Please attach a letter of support from the auspicing organisation and a copy of their Certificate of Currency.</i>

GROUP/ORGANISATION CONTACT PERSON	
Contact Title & Name <i>E.g. Mr Joe Bloggs</i>	
Position title within the group/organisation:	
Contact number: (mobile preferred)	
Email:	
GROUP/ORGANISATION ALTERNATE CONTACT PERSON	
Contact's Title & Name	
Position held within the group/organisation:	
Contact number: (mobile preferred)	
Email:	
AUSPICING ORGANISATION (IF APPLICABLE)	
Auspicing organisation name:	
ABN of auspicing organisation:	
Contact Person, Title & Name <i>Eg. Mr Joe Blogs</i>	
Position title within the group/organisation:	
Contact numbers:	
Email:	

## ABOUT THE APPLYING GROUP/ORGANISATION

**Briefly describe your group/organisation's goals?**

**Describe all services/activities your group/organisation provides to the community?**

**Select your main target groups?**

General community	Women	Aboriginal or Torres Strait Islander people
Children 0-10	Men	People with disabilities and/or carers
Youth 11-25	Seniors	Other (please specify) _____

**If your application is successful, how will you recognise the Shire of Plantagenet's contribution to this project?**

Press release	Logo on Banners/Posters	
Annual report inclusion	<b>If purchasing equipment:</b> You will need to attach a label or plaque on the item/s purchased recognising the Shire's contribution.	
Social media posts		
Logo on promo flyers		Other (please specify) _____

**Has your organisation received funding from the Shire in the last 3 years?**

Please note you cannot apply for a CGP more than once within the same financial year.

No – skip to Project Details section

Yes – please answer below questions

***If yes, please list the dates and amounts of funding received from the Shire in the last 3 years.***

Date		Amount	
Date		Amount	

***Has your organisation provided a completed acquittal to the Shire for each grant received?***

Yes - The organisation's acquittal has been received and accepted by the Shire.

No - If a previous grant has not been acquitted with the Shire **you are not eligible to apply.**

PROJECT DETAILS	
Project Title	
Please outline your project/funding requirements: (attach an extra page if required)	
Funding Requested (excluding GST)	\$
Total Project Cost (excluding GST, please include in-kind and financial)	\$
Provide a timeline for your project including start and finish dates and any milestones (Attach a separate page for timeline if required).	
How and where will your project/purchases take place?	
What is your group/organisation's contribution to this project? Please include in-kind and financial.	
How many people do you expect to attend/participate in your project/event?	
How many people from the Plantagenet Shire do you expect to attend/participate in your project/event?	

**What benefits will your project provide to the Plantagenet community?**

**Explain how you know this project is needed and is supported by the community? (research?)**

**Name any other groups/individuals that will be involved in the project? (Attach letters of support)**

**If you are applying for funds to purchase equipment, describe what equipment and how it will be used in the future?**

**If your CGP application is unsuccessful, how will the project be delivered?**

## PROJECT QUOTE RECORD

THREE quotes are required for goods or services purchased with grant funds. At least one quote from a local supplier is required if the item/s is available locally. Please include all quotes with the application.

**Detailed description of the goods and/or services to be purchased with grant funds if successful:**

### LIST OF SUPPLIERS INVITED TO SUBMIT QUOTATIONS: (who you approached for quotes)

#### SUPPLIER 1

Supplier		Quote \$ (ex GST)	
Contact Name		Contact Number	
Delivery		Availability	

#### SUPPLIER 2

Supplier		Quote \$ (ex GST)	
Contact Name		Contact Number	
Delivery		Availability	

#### SUPPLIER 3

Supplier		Quote \$ (ex GST)	
Contact Name		Contact Number	
Delivery		Availability	

**Have three quotations been obtained:**

Yes                  No

**If no, please explain the reason for not obtaining three quotes:**

**Is the quotation accepted the lowest price?**

Yes                  No

**If no, please explain the reason for not accepting the lowest price:**

## PROJECT BUDGET

Please note that applications with multiple funders/contributors are favoured. PLEASE INCLUDE ALL INKIND AND CASH CONTRIBUTIONS.

Use <https://gstcalculator.com.au/> to obtain the amounts excluding GST.

**In-kind hours:** Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations in-kind hours for the project.

PROPOSED PROJECT CONTRIBUTIONS	BUDGET (ex GST)	STATUS
<i>For example: This CGP grant request</i>	1000	Unconfirmed
<i>Organisation in-kind contribution (labour/admin hrs in-kind)</i>	200	Confirmed
<i>For example: Lotterywest grant</i>	2000	Pending
<i>For example: Entry Fees</i>	500	Estimated
<b>TOTAL INCOME:</b>		

## PROJECT EXPENDITURE

PROPOSED PROJECT EXPENDITURE	COST (ex GST)	BUDGET SOURCE
<i>For example: Newspaper Advertisement</i>	500	CGP Grant
<i>For example: Purchase of chairs and tables</i>	500	CGP Grant
<i>For example: Venue hire</i>	200	Own organisation in-kind contribution
<i>For example: Bouncy Castle hire</i>	2000	Lotterywest Grant
<b>TOTAL EXPENDITURE:</b>		

### DECLARATION FROM ORGANISATION AUTHORISED REPRESENTATIVE

I declare that the organisation I represent does not operate for profit and the information provided in this application is true and accurate. I agree to abide by the Shire of Plantagenet's CGP Guidelines and any funds received will be used for the purpose nominated in this application only.

**Signed by TWO senior members of organisation:**

Full name:		Full name:	
Position held:		Position held:	
Signature:		Signature:	
Date:		Date:	

### DECLARATION FROM AUSPICE ORGANISATION (if applicable)

I declare that no funding will be retained or returned to the auspice organisation by way of fees/charges or administration costs, etc. I agree to manage the funds on behalf of \_\_\_\_\_ and abide by the CGP Guidelines.

**Signed by TWO senior members of auspice Organisation:**

Full name:		Full name:	
Position held		Position held	
Signature:		Signature:	
Date:		Date:	

### CHECKLIST

**Please ensure you have:**

Read the application guidelines carefully.

Attached Copies of **ALL** required quotes for **all** expenditure

Attached Certificate of Currency for organisation/auspice Public Liability Insurance

Attached a Letter of Support from the auspice organisation (if applicable)

Attached a Statement of Supplier form (if applicable)

Attached additional Letters of support from other groups to strengthen your application

Attached project timeline

Completed **ALL** sections of the Application Form

**PLEASE SEND ALL COMPLETED APPLICATIONS AND ATTACHMENTS ADDRESSED TO:**

**ATTN: Community Development Officer**

**Email:** info@sop.wa.gov.au

or

**Post:** PO Box 48, MOUNT BARKER WA 6324

**or deliver in person to:** 22-24 Lowood Road, MOUNT BARKER.