

APPLICANTS DETAILS			
COMMUNITY GROUP NAME			
ADDRESS			
POSTAL ADDRESS			
PHONE			
PRIMARY CONTACT PERSON	Name: Contact Number: E-mail:		
DATE OF PROPOSED ACTIVITY			
ELIGIBILITY CHECK 1			
DO YOU HAVE A REGISTERED ABN?	YES	NO	ABN:
EVENT IS NOT ON THE SAME DAY AS ANOTHER EVENT IN THE TOWN	YES	NO	
IS YOUR PRIMARY ADDRESS IN THE EAST PILBARA?	YES	NO	DETAILS:
DO YOU SERVICE LOCAL RESIDENTS?	YES	NO	DETAILS:
DO YOU HAVE A CERTIFICATE OF CURRENCY?	YES	NO	PLEASE ATTACH
ELIGIBILITY CHECK 2 – Community Group			
Are you a not-for-profit organisation, (incorporated or non-incorporated) providing services or undertaking activities in the Shire of East Pilbara.	YES	NO	
GRANT PARTNERSHIP AGREEMENT			
If my application is successful, I agree to my business name and grant details being published by The Shire of East Pilbara for promotional purposes and within council documentation.	YES	NO	
If my application is successful, I agree to complete a financial acquittal using the provided template. This acquittal will be submitted within 28 days of project completion.	YES	NO	
How will you acknowledge the Shire of East Pilbara’s support e.g. signage, inclusion of Shire logo on print materials, verbal acknowledgement, media article(s), etc.?	Details:		
BANK DETAILS <i>(If successful, funds will be transfer to the nominated account)</i>			
Account Name:			
BSB:	Account number:		

PROJECT NAME:			
REQUESTED AMOUNT:	\$	EXC GST	
BUDGET BREAKDOWN			
INCOME			
CONTRIBUTION FROM	AMOUNT	CASH/ INKIND	
EXPENDITURE			
ITEM	AMOUNT	CASH/ INKIND	QUOTATION ATTACHED?
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL EXC GST	\$		
PLEASE EXPLAIN THE PROJECT YOU WISH TO FUND WITH COVID-19 COMMUNITY GRANT FUNDING			

DEMONSTRATE HOW YOUR PROJECT WILL ACHIEVE THE INTENDED OUTCOMES IN YOUR CATEGORY					
Meet an identified need for your business / organisation which was created by COVID					
Provide benefit to the local community					
Provide an increase in economic opportunity					
PARTIAL FUNDING					
If your application can only be partially funded (eg 50%) would you still be able to complete the project and do you want to proceed with your application	<table border="0"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td colspan="2" style="text-align: center;">Details:</td> </tr> </table>	YES	NO	Details:	
YES	NO				
Details:					

FINAL CHECKLIST

Before submitting the applications please ensure you have:

- ✓ All contact details are correct
- ✓ Check you meet eligibility requirements
- ✓ Confirm you have addressed section “Grant Partnership Agreement”
- ✓ Completed project plan and cost breakdown
- ✓ Attached available quotes and documents
- ✓ Demonstrated how your project achieves intended outcomes
- ✓ Understand the grant needs to be acquitted and this grant must be acquitted for your organisation or business to receive another grant from the Shire
- ✓ Signed the declaration at the base of this application

DECLARATION

I acknowledge that the information in this application is true and correct. I acknowledge that I may be required to supply further information prior to consideration of this application by the SOEP. I give permission for the Shire of East Pilbara to promote this grant as part of any communications and public relations activities.

Signature Date

Print name

Please email your completed form to cdo@eastpilbara.wa.gov.au