



Community Chest Fund Application Form

Post your completed application to:

PO Box 42, Brookton, WA 6306

Or deliver to:

Shire of Brookton, 14 White Street, Brookton

Alternatively email your application to:

Mail@Brookton.wa.gov.au

Community Chest Fund

Application Form

NAME OF ORGANISATION: _____

CONTACT PERSON: _____

POSITION: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

IS YOUR ORGANISATION INCORPORATED? YES NO

NAME OF PROJECT OR EVENT: _____

ESTIMATED START DATE: _____

ESTIMATED COMPLETION DATE: _____

REQUESTED COMMUNITY CHEST FUNDS: _____

1. BRIEF DESCRIPTION OF PROJECT/EVENT:

2. WHAT WILL THE COMMUNITY CHEST FUNDS PURCHASE?

3. HOW WILL YOUR PROJECT/EVENT BENEFIT THE BROOKTON COMMUNITY?

4. HOW WILL THE PROJECT/EVENT BE ADVERTISED AND PROMOTED?

5. ACKNOWLEDGEMENT OF SHIRE OF BROOKTON SPONSORSHIP

It is a requirement of funding that the words "Sponsored by the Shire of Brookton" and the Shire's logo be displayed at your project/event.

Please advise the ways you will be able to acknowledge the Shire of Brookton's sponsorship:

- Display "Shire of Brookton" Logo: on your website and posters, in newspaper advertisements, on event signage, programs and flyers.
- Display the "Shire of Brookton" flag or banner at your event if possible. (Available from the Shire).
- Verbal announcements at the project/event.
- Other.

6. BUDGET ESTIMATES

NAME OF ORGANISATION: _____

NAME OF PROJECT/EVENT: _____

INCOME	\$	EXPENDITURE	\$
Applicant's cash contributions		Materials	
Sponsorship		Labour	
Donations in cash		Hire of Equipment	
Other grants		Office/Administration	
Catering Sales		Venue hire	
Fees and Charges e.g. stalls		Advertising	
Gate/Door entry fees		Catering Costs	
		Entertainment	
Other Income (Please List)		Other Expenditure (Please List)	
Total of Community Chest Funds requested in cash*			
Total of Community Chest Funds requested in-kind (e.g. Town Hall hire fee waived if applicable/required)			
TOTAL INCOME		TOTAL EXPENDITURE	

*The total cash and in-kind request cannot be greater than \$2,500.

YOUR INCOME MUST EQUAL YOUR EXPENDITURE

7. DID YOUR ORGANISATION RECEIVE THE COMMUNITY CHEST FUNDING IN 2017/2018?

YES

NO

IF YES, WHAT WAS THE AMOUNT OF THE FUNDING? _____

8. PLEASE LIST BELOW ANY IN-KIND CONTRIBUTIONS IF APPLICABLE (e.g. volunteer or donated labour, materials etc.) HOWEVER, DO NOT INCLUDE IN YOUR BUDGET ABOVE.

> _____
> _____
> _____
> _____

9. FUNDING CONDITIONS:

- I. The grant funds will be expended on the agreed project only.
- II. The Shire of Brookton’s support of the project will be acknowledged in any advertising or promotional activities related to the project.
- III. Two invitations will be sent to the Shire of Brookton for your event or project.
- IV. The project will conform to all relevant Bylaws and Acts in force at the time.
- V. Any unexpended grant funds will be returned to the Shire of Brookton.
- VI. The funds must be expended and acquitted by 30th June of the financial year in which they are received.
- VII. Invoices and receipts for the expenditure of the Community Chest funds must be provided to Council within three months of the completion of your project/event along with a brief report on your event or project which includes copies of any advertisements, posters, programmes or newspaper coverage.

PLEASE ENSURE YOU HAVE READ THE ABOVE GRANT CONDITIONS BEFORE SIGNING BELOW:

NAME OF ORGANISATION: _____

CONTACT PERSON: _____

ORGANISATION POSTAL ADDRESS: _____

ORGANISATION’S ABN: _____

REGISTERED FOR GST? YES NO

Our organisation agrees to comply with the funding conditions set out above. I declare that I have been authorised to prepare and submit this application, and that the information presented is correct to the best of my knowledge. I understand that if Council approves the application, we will abide by the funding conditions set out above.

PRINT NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____