



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

Before completing the application form: Please ensure you have read the Shire of Brookton Community Chest Fund Policy and that your application meets the criteria outlined in the funding category.

NAME OF ORGANISATION:

CONTACT PERSON:

POSITION:

POSTAL ADDRESS:

PHONE: **MOBILE:**

EMAIL:

ORGANISATION'S ABN:

REGISTERED FOR GST? YES NO **IS YOUR ORGANISATION INCORPORATED** YES NO

NAME OF PROJECT OR EVENT:

ESTIMATED START DATE: **ESTIMATED COMPLETION DATE:**

REQUESTED COMMUNITY CHEST FUNDS:

<p align="center">Please tick which funding category you are applying for Please review the Community Chest Fund Policy on the Shire of Brookton's website www.brookton.wa.gov.au for comprehensive grant guidelines.</p>	
Annual Community Funding	Individual Funding
Community & Strategic Partnership Grants	Individual
Community Support	Not for Profit Community organisation – member
Equipment Purchase	Youth Leadership Development
Not for Profit Community Organisation – Assistance	

1. BRIEF DESCRIPTION OF PROJECT/EVENT:

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2. WHAT WILL THE COMMUNITY CHEST FUNDS BE USED FOR?

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

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4. HOW DOES THIS PROJECT/EVENT ALIGN TO THE BROOKTON15

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

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6. 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.

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	

YOUR INCOME MUST EQUAL YOUR EXPENDITURE

PLEASE INCLUDE SUPPORTING DOCUMENTATION (letters of support, quotes etc)

7. HAS YOUR ORGANISATION RECEIVED COMMUNITY CHEST FUNDING IN THE PREVIOUS FINANCIAL YEAR Yes No

HAS THE ACQUITTAL PROCESS BEEN COMPLETED? Yes No
IF YES, WHAT WAS THE AMOUNT AND WHAT WAS THE FUNDING FOR?

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:

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:**