



Community Assistance Grant

Minor Grant (up to \$2,000)

1. APPLICATION INFORMATION

Organisation:			
Address:			
Postal Address:			
Contact Person:		Role:	
Phone:		Mobile:	
Email:			
Incorporate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not For Profit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABN (if applicable):		GST Registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. PROJECT / EVENT DETAILS

Project / Event Name:			
Commencement Date:		Completion Date:	
Venue / Location:			
Grant Requested:	\$	Total Project / Event Cost:	\$



a. Briefly describe your project / event.

b. Why are you hosting this event or undertaking this project? How will it benefit the Menzies Community?

c. Detail how you plan to provide recognition of the Shire of Menzies and the support you receive?



d. List methods on how you will evaluate the success of our project or event.

e. Has your organisation previously received a grant or financial assistance from the Shire of Menzies in the last five (5) years?

Yes | No

Financial Year	Grand / Financial Assistance Type	Amount
		\$
		\$
		\$
		\$
		\$



You may create a form specific to your organisation, please ensure it does not exceed two (2) A4 pages, includes all relevant information and it is clearly identifiable.

Please note: Any surplus funds identified are required to be returned to the Shire of Menzies at the completion of the project/event or at the end of the financial year.

5. APPLICATION SUPPORTING DOCUMENT CHECKLIST

Please ensure you have enclosed the following documentation with your application. Please also note that if your organisation is not incorporated, the auspice organisation noted in section one (1) must provide the required documents on your behalf.

<input type="checkbox"/>	Most recent up-to-date copy of certificate of incorporation
<input type="checkbox"/>	Evidence of Not For Profit organisation
<input type="checkbox"/>	ABN number and evidence of GST registration
<input type="checkbox"/>	Certificate of Public Liability Insurance
<input type="checkbox"/>	Quotes for items and services over \$5,000
<input type="checkbox"/>	Most recent copy of financial statements

6. DECLARATION

I hereby certify that to the best of my knowledge, the information provided above is correct, and an accurate account of income, expenditure and project activities is disclosed in this application.

Signed:			
Name:		Date:	
Position:	<input type="checkbox"/> Treasurer	<input type="checkbox"/> President / Chair	<input type="checkbox"/> Secretary

PLEASE RETURN YOUR COMPLETED APPLICATION FORM MARKED AS BELOW:

By Email to: admin@menzies.wa.gov.au

By post to PO Box 4, Menzies WA 6436

Any further information can be discussed with Shire of Menzies on (08) 9024 2041.