

Community Donation

Form Preview

Eligibility

* indicates a required field

Important Information

Before completing this application form, please:

- Read the [Community Donation - Guidelines](#);
- Preview the Application Form, so you can gather all information needed.

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact grantfunding@fremantle.wa.gov.au.

Eligibility Questions

To be eligible to receive a donation, you need to fit into one of the categories below. Please identify which category you fit into: *

- ☐ A local charity or group that is recognised through its incorporated not for profit status as a charity or deductible gift recipient entity
- ☐ A local school
- ☐ An individual, on the provision of adequate supporting material
- ☐ I don't fit into one of the categories above

If you don't fit into one of the categories listed above, please contact grantfunding@fremantle.wa.gov.au to confirm your eligibility. Please note, requests for disaster relief appeal donations will only be approved where there is an established connection to Fremantle (community, business, tourism) and the receiving organisation has a record of providing community aid with the ability to actively provide assistance in the circumstance.

Have you received a donation within the same financial year as your application?

*

- ☐ Yes
- ☐ No

If 'Yes', you are not eligible to apply.

Confirmation of Eligibility

I confirm that

- I have read and understood the program guidelines
- I am able to demonstrate alignment to an identified community focused initiative

Please select below: *

- ☐ Yes
- ☐ No

You must confirm that all statements above are true and correct.

Community Donation

Form Preview

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to: [Website privacy | City of Fremantle](#).

Applicant Organisation Details

Applicant name *

☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO. If you are an individual, please write your full name.

Applicant/Organisation Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Applicant website

Must be a URL.

Primary contact person *

First Name

Last Name

This is the person we will correspond with about this donation.

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Community Donation

Form Preview

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

What type of organisation are you? *

- ☐ Not for profit organisation
- ☐ Community group
- ☐ Educational body
- ☐ Charitable event organiser
- ☐ Other (to be used for declared disaster events)

Please choose the option that best applies to your organisation.

Please provide further information if you selected 'Other'

Donation Details

* indicates a required field

Project title:

Provide a name for your project/program/initiative/activity. Your title should be short but descriptive

Please provide a short summary of your project/activity

Word count:

Must be no more than 200 words.

Be descriptive, but succinct. Include a brief summary of who this project, program, initiative or activity is for (i.e. beneficiaries), what it will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Donation Request

Requested Funding Amount *

Please specify the donation amount requested

Please indicate how the donation will be used *

Word count:

Must be no more than 200 words.

Community Donation

Form Preview

Community Support

Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing?

☐ Yes ☐ No ☐ Don't know ☐ Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

Please upload any supporting documents

Attach a file:

A maximum of 5 files can be attached

Finance Details

* indicates a required field

The information you provide here will help enter you into the City's finance system and allow your application to be processed in a timely manner, so please give as many details as possible and upload all documentation requested. If you have any questions, please contact grantfunding@fremantle.wa.gov.au.

ABN

Are you registered with an ABN? *

☐ Yes
☐ No

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

Community Donation

Form Preview

ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Please note, the details that you give for your ABN must match the bank details that you provide (ie. if you are an organisation with an ABN, your bank account name must match the organisations name you have given)

Statement by Supplier

If you are not registered with an ABN, you must upload a [Statement by a Supplier](#).

Attach a file:

Please note, the details that you give on your Statement by Supplier must match the bank details that you provide.

Bank Account Details

Name of Bank

Address of Bank

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please note, the Bank Account name must match the ABN or Statement by Supplier details you have provided

For auditing purposes, please upload a copy of a deposit slip or a snapshot of a bank statement that clearly shows bank details.

Attach a file: