Neighbourhood Quick Response Grant
Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Neighbourhood Quick Response** guidelines**.**

Incomplete applications and/or applications received after the closing date 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.**

Confirmation of Eligibility

I confirm that I fit into one of the following groups:

- A City of Fremantle Precinct Group
- Individual or unincorporated community groups residing in Fremantle (with evidence of community support for the project)
- Incorporated community groups and organisations

Please select below: *
○ Yes   ○ No
If 'no' you are not eligible for the Neighbourhood Quick Response Grant

I confirm that the project or activity I am requesting funding for meets at least one of the following objectives:

1. Encourage active participation in the local community.
2. Create opportunities for people to connect with each other in their local neighbourhoods.
3. Upskill the local community with tools to effectively plan and deliver neighbourhood projects.

Please select below *
○ Yes   ○ No
If 'no' you are not eligible for the Neighbourhood Quick Response Grant

I confirm that I have read and understood the Neighbourhood Quick Response Grant guidelines *
○ Yes   ○ No

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

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 organisation name *
Organisation 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 use your full name.

Applicant Postal Address
Address

Applicant website

Must be a URL

Primary contact person *
First Name   Last Name

This is the person we will correspond with about this grant

Position held in organisation

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

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

Back-up email address

Must be an email address.

Organisation Details

* indicates a required field

What type of community organisation are you? *
- ○ City of Fremantle Precinct Group
- ○ Community group
- ○ Creative/Artistic Group
- ○ Community Garden
- ○ Street or Neighbourhood
- ○ Philanthropic organisation
- ○ Peak body
- ○ Social enterprise
- ○ International NGO
- ○ Faith-based institution
- ○ General not-for-profit
- ○ Other

Please choose the option that best applies to your organisation.

If 'other', please specify

What does your community organisation/group do?

What best describes your group/organisation out of the following: *
- ○ Incorporated
- ○ Unincorporated WITH an auspice
- ○ Unincorporated WITHOUT an auspice

Does your organisation have 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
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Statement by Supplier

If you are not registered with an ABN, you must upload a Statement by a Supplier.

Please upload completed Statement of Supplier Form:
Attach a file:

Max 25mb

Bank Account Details

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.

Name of Bank

Address of Bank

Bank Account
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

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:

Australian Charities and Not-for-Profits Commission?

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC)?
○ Yes   ○ No
If you're unsure, you can check your registration at the ACNC website: http://www.acnc.gov.au/

What is your incorporation number?

Incorporated Association or Australian Corporation Number

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant?
○ Yes   ○ No

Auspice Organisation Details

Name of auspicing organisation *
Organisation Name

Auspicing organisation's website

Must be a URL

Primary contact person at auspicing organisation *
First Name   Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Postal Address
Address

[blank fields]

Contact person's primary phone number *

[blank field]

Contact person's back-up phone number

[blank field]

Contact person's email address *

[blank field]

Must be an email address

Do you have permission to use this organisation as an auspice?

○ Yes
○ No

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

[blank field]

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Does the auspicing organisation have an Australian Business Number (ABN)? *

○ Yes   ○ No

ABN of auspicing organisation

[blank field]

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
ACNC Registration	
Tax Concessions	

Main business location

Must be an ABN

Auspicing Organisation Bank Account Details

The information you provide here will help enter the auspicing organisation 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 do not have these details right now, please leave this blank and we will contact you and the auspicing organisation for these details following the outcome of your application.

If you have any questions, please contact **grantfunding@fremantle.wa.gov.au.**

Name of Auspicing Organisation's Bank

Address of Auspicing Organisation's Bank

Auspicing Organisation's Bank Account
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

For auditing purposes, please upload a copy of a deposit slip or a snapshot of a bank statement that clearly shows bank details for auspicing organisation.
Attach a file:

Project Details

Project Specifics

Project title:

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). If you need some ideas about how to frame your response, go to the Funding Centre's Answers Bank at https://explore.fundingcentre.com.au/help-sheets/answersbank#please-provide-a-short-summary-of-your-initiative.

Anticipated start date   **Anticipated end date**

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Please indicate which program objective(s) your application directly relates to:

☐   Encourage active participation in the local community
☐   Create opportunities for people to connect with each other in their local neighbourhoods
☐   Upskill local community members with tools to effectively plan and deliver neighbourhood projects

Project Details

Please provide a short summary of your project

Be descriptive, but succinct. Include a brief summary of who will be involved with this project, what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). If you need some ideas about how to frame your response, go to the Funding Centre's Answers Bank at https://explore.fundingcentre.com.au/help-sheets/answersbank#please-provide-a-short-summary-of-your-initiative.

Rationale / Theory of Change: What is the need and how will you address it?

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. If you need some ideas about how to frame your response, go to the Funding Centre's Answers Bank at https://explore.fundingcentre.com.au/help-sheets/answersbank#rationale-why-does-this-work-need-to-be-done-what-is-your-theory-of-change.

Who is your target audience?

Where will your project take place?

How are you going to promote your project?

Project Outcomes

Please tell us about the outcomes you expect to result from this project.

Outcomes are what you are aiming to achieve as a result of delivering this project. For example:

- Neighbourhood/street is more connected
- A garden has been established for ongoing sustainable neighbourhood activation and connection
- Increased education or awareness of a community group

If you need more help understanding what outcomes are, read the materials at www.ourcommunity.com.au/evaluation and find sample answers here.

List your initiative's anticipated outcomes and attached information in the following table. Leave blank any fields that do not apply to your initiative.

Anticipated Outcomes

Outcomes are the changes that you expect to occur as a result of your initiative. See information above.

Community Support

Does this project have community or neighbourhood support?

○ 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.

What evidence do you have that this project/program has community support?

If you need some ideas about how to frame your response, go to the Funding Centre's Answers Bank at https://explore.fundingcentre.com.au/help-sheets/answersbank#does-this-initiative-have-community-support-do-the-beneficiary-and-or-geographic-communities-affected-by-this-project-program-support-the-activities-you-are-proposing

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Budget

* indicates a required field

Total Amount Requested
*

$ |_____|

What is the total financial support you are requesting in this application?

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Total Project/Program Cost

$

What is the total budgeted cost (dollars) of your project?

Income

Please outline your project income in the table below, including details of other funding that you have applied for, whether it has been confirmed or not. Please indicate if the budget item will include GST.

Provide clear descriptions for each budget item in the 'Income' columns.

Use the 'Notes' column for any additional information you think we should be aware of.

Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Description	Confirmed Funding?	Income Amount	Notes
		Must be a dollar amount.	
		$	
		$	
		$	
		$	
		$	

Expenditure

Please outline your project expenditure in the table below. Please indicate if the budget item will include GST.

Provide clear descriptions for each budget item in the 'Expenditure' columns.

Use the 'Notes' column for any additional information you think we should be aware of.

We understand that there may be price fluctuations with some budget items, and therefore the amounts and attachments provided as evidence will be used more as a guideline for expenditure.

Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Expenditure Description	Supplier	Expenditure Amount ($)	Notes
		$	
		$	
		$	
		$	

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
$	$	$

This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Please attach quotes, screenshots or any other form of evidence showing how you estimated your expenditure.

This section is not mandatory, but this helps us to better understand the budget items listed. If there are items over $150, it is preferred that some sort of screenshot/email/quote is attached.

**Please note that as per the Neighbourhood Quick Response guidelines, we do not fund retrospectively and therefore do not reimburse for items purchased prior to grant approval.

Attach a file:

Please attach any evidence you have to support your budget item estimates

Non-Financial Inputs

This section is not mandatory, but the information you provide here will help us to get a better understanding of how you intend to execute your project or initiative.

What other inputs will you need in order to successfully carry out this project?

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ○ Yes ○ No

Name of authorised person * First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.