

Sporting Club Assistance Program

Form Preview

Eligibility

* indicates a required field

Important Information

Before applying, please:

- Read the
- [Sporting Club Assistance Program Guidelines](#);
- Preview the Application Form, so you can gather all information needed;
- Contact the City's Community Development Officer – Health and Wellbeing on **grantfunding@fremantle.wa.gov.au** to discuss the potential project and to answer any questions.

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.

The Sporting Club Assistance program has been developed to support local sporting clubs by contributing to the purchase of items that promote community led initiatives and build local capacity and capability. To apply for assistance under this program, clubs must:

- be an incorporated not-for-profit sport and recreation club
- be based or operating within the City of Fremantle and be servicing local residents.

Eligibility Questions

Is your organisation and incorporated, not-for-profit sport or recreation club based or operating within the City of Fremantle? *

☐ Yes ☐ No

If NO, you are not eligible for a Sporting Club Assistance Program.

Does your organisation provide services to local residents? *

☐ Yes ☐ No

If you answered No to any of the above Eligibility Questions, you may not be eligible for funding and should contact the City on grantfunding@fremantle.wa.gov.au before proceeding with this application.

Previous Funding

Have you previously received funding from the City of Fremantle? *

☐ Yes, this financial year ☐ Yes, in previous years ☐ No

If you have received funding this financial year, contact the City on grantfunding@fremantle.wa.gov.au to confirm your eligibility before proceeding with this application.

Please provide details of your most recent successful application.

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Applicant Details

* indicates a required field

Applicant Organisation Details

Sporting or Recreation Club name *

Organisation Name

Applicant Residential Address *

Address

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

Applicant Postal Address (if different from residential address) *

Address

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

Organisation Primary Email *

Must be an email address.

Organisation Phone Number *

Must be an Australian phone number.

Organisation Website

Must be a URL.

Name of Contact Person *

Title First Name Last Name

If applicant is under the age of 18.

Position held in organisation *

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Contact Person Phone Number *

Must be an Australian phone number.

Contact Person Email *

Must be an email address.

Is your Club affiliated with a State Sporting Association? *

☐ Yes

☐ No

What is the name of the State Sporting Association?

How many playing members do you have in your Club?

Last Season *

Must be a number.

Current Season *

Must be a number.

Please upload a copy of your organisation's Certificate of Incorporation *

Attach a file:

Does your organisation have a current public liability insurance? *

☐ Yes

☐ No

You will be asked later in this form to attach a copy.

Project Details

*** indicates a required field**

Project Title: *

Project Start Date

Must be a date.

Project End Date

Must be a date.

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

Please tick the category for which funding is requested: *

- ☐ Formation of new clubs
- ☐ Volunteer Training and Workshops
- ☐ Promotion and Marketing
- ☐ Essential sports and safety equipment
- ☐ Inclusion Projects
- ☐ Other:

Please provide a brief overview of your project. *

This section should include a concise, clear summary of what the project will entail (who, what, when, where, how). Please note the Conditions regarding what can be funded through this Grant type. If in doubt, please speak to the Community Development team.

Tell us who you will be working with on your project. *

E.g. Training provider, local business, State Sporting Association.

How many people are you anticipating will attend or be impacted by your project.

Must be a number.

How will this project assist in achieving the club's objectives. *

Word count:

Must be no more than 500 words.

Describe the issue or need that your project will address and how it will assist in achieving clubs objectives.

Please provide any other supporting information that is relevant to this application.

E.g. List the community benefits (both short-term and any long-term benefits) the project is likely to have.

Promotion and Acknowledgment

How will the City of Fremantle's support be recognised? *

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Word count:

Must be no more than 150 words.

Must be no more than 150 words. Describe the ways support received will be acknowledged. May include mention on website, newsletter, Social Media etc.

Budget and Financial Details

* indicates a required field

Financial Details

What is the total project cost? *

What is the total expected cost of your project? This includes the club or other contributions

What is the amount you are requesting from the City of Fremantle? *

What is the total financial support you are requesting from the City of Fremantle in this application?

Please note:

Requests for Sporting Club Assistance Program are to a maximum of \$500.

The City's contribution towards equipment requests cannot exceed 50 per cent of the total project cost.

As the funding pool is limited, applications that demonstrate the best value for money will be prioritised, and priority will also be given to applicants that have not previously been funded.

Will the applicant proceed with the proposed project if funding approved is less than the amount requested? *

☐ Yes

☐ No

Budget Information

Outline your project budget including details of other funding that has been confirmed and/or applied for. Clear item descriptions must be given (e.g. number of items purchased and what it is to be used for)

The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**).

All figures are GST exclusive.

DO NOT add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.

Quotes must be provided. Quotes must include the supplier's name, address, phone number and ABN, and indicate whether GST is applicable. (A copy or screenshot of an online item is sufficient).

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Funding Source

Income Description	Income Amount (\$)
E.g. grant funding, club funded, in-kind support etc.	Must be a dollar amount.

Budget Totals

Total Project Income Amount *

\$

This number/amount is calculated.

Expenses Budget

Please provide details of your project budget (do not include GST)

Expense items (description)	Amount/Value (\$)
E.g. equipment/supplies, facilitator.	Must be a whole dollar amount (no cents) Must be a dollar amount.
	\$ <input type="text"/>

Budget Totals

Total Project Expenditure Amount *

\$

This number/amount is calculated.

Do your budget totals balance i.e. does the Total Income Amount equal the Total Expenditure Amount? *

☐ Yes ☐ No

If NO, please review your budget table before submitting.

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

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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 [Sporting Club Assistance Program 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

Attachments

Please upload Public Liability Certificate of Currency *

Attach a file:

If applicable, please upload proof of other financial contributions (e.g. letters of offer or confirmation from other funding contributors)

Attach a file:

Finance 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.

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	

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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](#).

Attach a file:

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.

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:

Certification and Submission

* indicates a required field

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This MUST be completed by an appropriately authorised person (e.g. office bearer such as Chair, President, CEO or authorised officer) on behalf of the applicant organisation. This person may be different to the contact person listed earlier in the application.

Certification

- I declare that all of the information supplied in this application and attachments is true and correct.
- I will notify the City of Fremantle of any changes to the information supplied or to circumstances arising that are relevant to this application.
- I understand that this is an application only and may not necessarily result in funding approval.
- I understand that the decision made by the City of Fremantle is final and not subject to an appeals process.

I understand that if the City of Fremantle approves funding:

- I will be bound by the contents of this application to carry out the activities described in this application, which will form part of the contractual agreement with the City.
- I will be required to accept the conditions of funding in accordance with City requirements.

Successful applicants are required to sign a letter of agreement in order to accept the grant.

Recipients are required to:

- Expended the grant in accordance with the guidelines and will only be used for the purpose for which it was approved.
- Expended the grant funding within three months of the approval date. If not expended funding is to be returned to the City of Fremantle.
- Submit a written request to the Manager of Community Development seeking approval for an extension of time, if there is to be a delay in the expenditure of the grant.
- Complete a grant acquittal accompanied by copies of all receipts or a statutory declaration.
- Appropriately acknowledge the City's contribution.
- Meet any special conditions that are attached to the grant will be met.

Please fill in your details below as your endorsement of this application and the statements above.

I have read and agree to the above declaration statements *

☐ Yes

Applicant Name (or Contact Person if Applicant is under 18 years of age) *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

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Must be an Australian phone number.

Date *

Must be a date.

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 Feedback

You are now coming to the end of the application process. Before you **REVIEW** and click the **SUBMIT** button please take a minute to provide some feedback. This will help us to continually improve the funding application process for our customers.

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.