

Eastern Metropolitan Regional Council

Community Grants Program

Application Form

1 Contact information

Please provide all below information.

1.1 Community Group

Group name:	Click or tap here to enter text.
Street address:	Click or tap here to enter text.
Postal address: (if different to above)	Click or tap here to enter text.

1.2 Group's Contact Person:

Name:	Click or tap here to enter text.
Position/Title:	Click or tap here to enter text.
Phone number: (preferred / during business hours)	Click or tap here to enter text.
Other phone number: <i>If applicable</i>	Click or tap here to enter text.
Email address:	Click or tap here to enter text.

2 Community Group Information

Certificate of Incorporation attached:	Yes <input type="checkbox"/>
ABN (Australian Business Number): Unique 11 digit number	Click or tap here to enter text.
OR Reason for ABN exemption: Please attach supporting document(s)	Click or tap here to enter text.
What is the main aim / objective / purpose of the community group?	
Click or tap here to enter text.	

3 Your Project

3.1 Project title

Click or tap here to enter text.

3.2 Grant category

Which grant category does your project contribute towards? If applicable, you may select more than one.

- | | |
|---|---|
| ⇒ Sustainability <input type="checkbox"/> | ⇒ Cultural <input type="checkbox"/> |
| ⇒ Social <input type="checkbox"/> | ⇒ Recreational <input type="checkbox"/> |

3.3 Project eligibility

Please answer the following questions:

	Yes	No
a) Does this project require ongoing funding or support other than the initial grant?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is this project routine or regular maintenance work to an existing facility?	<input type="checkbox"/>	<input type="checkbox"/>
c) Will there be ongoing public access to the facilities, goods or services funded?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is this application related to the replacement/repair of facilities or goods damaged by vandalism, fire or other natural disasters where the act should be covered by insurance?	<input type="checkbox"/>	<input type="checkbox"/>

3.4 Community to benefit

Please tell us who will benefit from your project.

Where? Choose at least 1:

- ⇒ Gidgegannup ☐
- ⇒ Hovea ☐
- ⇒ Parkerville ☐
- ⇒ Stoneville ☐
- ⇒ Other (*please specify*) ☐

Click or tap here to enter text.

Who? Choose at least 1:

- ⇒ Children ☐
- ⇒ Youth ☐
- ⇒ Families ☐
- ⇒ Seniors ☐
- ⇒ Aboriginal or Torres Strait Islander ☐
- ⇒ People living with disability ☐
- ⇒ Culturally and Linguistically Diverse (CALD) ☐
- ⇒ Other (*please specify*) ☐

Click or tap here to enter text.

3.5 Project Summary

Please briefly and clearly state the project's purpose including the community and / or environmental benefits.
(Approximately 50-100 words)

➤ Where possible, please provide evidence of the need, e.g., statistics, letters of request/support, media stories.

Example: To purchase 200 trees to plant at Wedgetail Reserve in Parkerville to provide shelter and food source for the threatened Black Cockatoo species, rehabilitate the reserve and encourage positive involvement from the community. The attached letters are from Parkerville community members requesting restoration of the reserve to help protect the cockatoos.

Click or tap here to enter text.

3.6 EMRC Acknowledgement

How will your community group acknowledge EMRC's assistance?

e.g. photographs, brochures / flyers, newsletters, social media, website, news articles, etc.

Click or tap here to enter text.

4 Project Plan

4.1 Tasks

Please list and briefly describe the tasks that will be completed to achieve your project objectives.

Click or tap here to enter text.

4.2 Project Milestones

Please state the significant milestones / steps of your project and the date you estimate to start and finish.

Your project cannot start until the grant has been awarded and must be completed before 30 June the following year.

Project Milestones	Start Date (estimated)	Finish Date (estimated)
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		

4.3 Project Costs

Please list and provide details of the goods or services to be purchased with the grant funding. Attach all quotes and additional costs.

Details of Good / Services <i>E.g. products, services, equipment hire.</i>	Estimated Cost (incl. GST)	Quote attached
Click or tap here to enter text.		<input type="checkbox"/>
Click or tap here to enter text.		<input type="checkbox"/>
Click or tap here to enter text.		<input type="checkbox"/>
Click or tap here to enter text.		<input type="checkbox"/>
Click or tap here to enter text.		<input type="checkbox"/>
Total funding requested from EMRC. (incl. GST)		

5 Acknowledgment of EMRC

Please complete ALL questions.

Yes

1. Do you agree to recognise EMRC as a provider of funding and give evidence of this recognition? ☐
2. Do you agree that EMRC will be formally recognised and promoted in ways such as brochures / flyers, newsletters, social media, website, news articles, signage at the site/location, or at program launches or event (i.e. via speeches or signage)? ☐
3. Do you agree to notify and invite the EMRC to any public relations activities associated with the project? (e.g. program launch, event day). ☐
4. Do you agree to complete and provide EMRC with a 2023/2024 Community Grants Program Project Completion Report within two months of project completion or by 30 June 2023 (whichever comes first)? ☐

6 Past applications

To be eligible for funding, you must have completed and submitted a Project Completion Report for the previous year or previous year funded. Please tick the relevant box:

1. Our group has never received funding from EMRC Community Grants Program. ☐
 - OR
 2. Our group last received funding in [YEAR]: [Click or tap here to enter text.](#) ☐
- And, our group has completed and submitted the Project Completion Report to EMRC for that year.

7 Application Checklist

Please complete the below checklist to ensure you have provided the required information and supporting documentation.

ABN or explanation to prove exemption	<input type="checkbox"/>
Certificate of Incorporation attached	<input type="checkbox"/>
All prior project completion reports have been returned to EMRC and accepted	<input type="checkbox"/>
Adequate responses have been provided for <u>ALL</u> questions in the completed application form	<input type="checkbox"/>
Documentation demonstrating community / environmental need (if available)	<input type="checkbox"/>
Evidence that your community group has endorsed the project / initiative to be undertaken (if relevant)	<input type="checkbox"/>
Copies of quotes for goods / services for which you're requesting funding are attached	<input type="checkbox"/>
Copies of drafted materials that demonstrate how the community group will acknowledge EMRC's assistance	<input type="checkbox"/>

8 Declaration

Two members of your organisation are required to complete the declaration below. One member must be the President (or equivalent) of the community group.

"We declare that we have been authorised by the applicant community group to prepare and submit this application to EMRC for the EMRC Community Grants Program. We declare that the information included in this application is true and correct and that we will abide by the conditions set out in EMRC's 2023/2024 Community Grants Program Guidelines, which we have read and understood."

Name:			
Position/Role: (President or similar)			
Signature:		Date:	

Name:			
Position/Role: (Other committee member)			
Signature:		Date:	

9 Submitting Your Application

Please return the completed form via -

Email:
mail@emrc.org.au

Deliver:
EMRC
Attn: Community Grants Program
226 Great Eastern Highway
ASCOT WA 6104

Post:
Attn: Community Grants Program
EMRC
PO Box 234
BELMONT WA 6984

Applications MUST be received no later than 11.59pm (midnight) Wednesday, 27 September 2023

Late applications will not be accepted.