

'Your Club's Future is in Your Hands' Strategic Planning Grant

* indicates a required field

Eligibility

Applicants: please note

Before completing this application form, you should have read the Your Club's Future is in Your Hands Grant Guidelines.

Information provided by applicants or collected by City of Mandurah in relation to applicants or their applications may be used by City of Mandurah in the administration of the Application and in the assessment of the application.

Any personal or financial information will be solely used for the purpose of the Application and Assessment process. Information submitted will be subject to assessment and review by City of Mandurah.

Personal and financial information will not be released to third parties without the prior written approval of the applicant.

Help

If you need help with the application process you can contact Club Connect on 9550 3624. Club Connect can provide assistance in understanding the questions being asked in the form, and which evidence to provide, however, cannot assist with the content of your application.

Contact Details

Applicant Organisation

Organisation Name

Applicant Organisation Primary Address

Address

Primary Contact Person

Title

First Name

Last Name

Position

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This is the person we will correspond with about this application

- ☐ Yes
☐ No

Primary Mobile Phone Number

Must be an Australian phone number.

Primary Email

Must be an email address.

Organisation Details

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.

Eligibility

Can the Applicant confirm that the club is a Not for Profit Organisation? *

- ☐ Yes
☐ No

Can the applicant confirm that a representative from the club has attended a Club Connect Strategic Planning Workshop? *

- ☐ Yes
☐ No

Has the club completed the annual Club Connect survey? *

- ☐ Yes

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- ☐ No
- ☐ Unsure

Please confirm you understand that the consultant fee's must be paid in full by the club. This grant will be a reimbursement of funds (if approved). *

- ☐ Yes
- ☐ No

Funding Objective

Please provide a short summary of how the funding will benefit your club.

How will your club will benefit from the funding? *

Word count:

Funding Details

Please outline your funding details below. Include details of funds that will count towards co-funding of your project. The amount of funding available is up to 50% of the total cost, with a maximum value of \$2,500.

All amounts should be **GST exclusive**.

Type of Funds	\$ Value of Co funding	Source of Co Funding
	\$	
	\$	
	\$	

Funding Details

Total Project Value *

Must be a dollar amount.

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

Total Amount Requested from City of Mandurah *

Must be a dollar amount.

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

Total Value of Co Funding *

Must be a dollar amount.

Organisational and Financial Information

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To enable the City to undertake a financial viability assessment of the project, please upload the following organisational and financial information:

1. Certificate of Incorporation
2. Copy of Insurance certificates
3. Copy of most recent financials including current available bank funds
5. Copies of quotes from suppliers in relation to the funding

Where relevant financial information is not available, include information that demonstrates that you can meet the project's co-funding obligations

Please upload Certificate of Incorporation. *

Attach a file:

Please upload Public Liability insurance certificate *

Attach a file:

Please, attach copies of any quotes for the proposed consultancy work in relation to the funding.

Attach a file:

Please upload proof of available funds, such as current bank statement. *

Attach a file:

If you are unable to provide evidence of the above please give details below:

Acknowledgement

I accept that if this application is successful, a condition of the Grant Agreement will be that the applicant will acknowledge the City of Mandurah in promotional materials relating to the Project and the City of Mandurah may reference the Project, in future promotional materials relating to the City of Mandurah Grants Program.

Certification

This section must be approved by an authorised person (eg: President, Treasurer etc) on behalf of the applicant organisation.

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I certify that to the best of my knowledge the statements made within this application are true and correct, and the authorised person named below has approved the submission of this application on behalf of the organisation.

I have read and understood this document *

Name of Authorised Person

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

Position of Authorised person

Phone Number of Authorised Person

Must be an Australian phone number.