

28 Cavell Street

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CALINGIRI WA 6569

**Telephone:** 08 9628 7004

**Facsimile:** 08 9628 7008

**Email:** reception@victoriaplains.wa.gov.au

**Website:** [www.victoriaplains.wa.gov.au](http://www.victoriaplains.wa.gov.au)

**Shire of Victoria Plains**

**2024/2025 Community Budget Submission Form**

**Project Details**

Applicant Community Group

 Contact Name

 Contact Phone

 Contact Email

 Submission Title

 Amount Requested

 Total Project Cost

|  |
| --- |
| **Office Use Only** |
| Approved | $ | OR % up to $ |

**SUBMISSIONS CLOSE:**

**4.00pm Monday 10th of June 2024**

If you have any queries regarding this form, please contact the Community Development Officer on 08 9628 7004 or katrina.humphries@victoriaplains.wa.gov.au. Please return the completed application and any accompanying documentation no later than:

**4.00pm Monday 10th of June 2024**

**Tax Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you or your organisation have an ABN? | YesNo | ABN Number |  |
| Is your organisation registered for GST? | YesNo | GST Registration Date |  |

**Eligibility Criteria**

Is your organisation Not-for-Profit? Yes

*Please attach a copy of your Certificate of Incorporation.* No

**Project/ Submission Description**

Provide a detailed description of your project/ submission.

Provide details of who will benefit from your budget submission.

Are you working with any other local community groups, businesses or service providers in regard to this submission? If Yes, please provide details.

**Proposed Budget**

|  |
| --- |
| **INCOME (inc GST)** |
| Details of funding sourced from other organisations (private business, sponsorship, fundraising, donations, etc.) |
| Shire Contribution Request | $ |
| Community Group Cash Contribution | $ |
| Community Group In-Kind Contribution (Volunteer support) | $ |
| Other Funding – Please attach documentation | $ |
|  |  |
| **TOTAL PROJECT INCOME FUNDING** | $ |

Please attach documents to support your request (ie. Quote for service, brochures stipulating cost of materials/ items, etc).

|  |
| --- |
| **EXPENDITURE (inc GST)** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  **TOTAL EXPENDITURE** | $ |

**Authorisation**

The authorised person signing this application should be an executive member (ie. President, Vice President, Secretary or Treasurer.

I, (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I hold the position of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with (organisation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and am authorised to submit this application on behalf of the organisation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist**

* Quotes from suppliers (if applicable).
* Copy of your Certificate of Incorporation (if applicable).
* Copy of current statement of financial position.
* Details of other funding (ie. Sponsorship, donations, etc).
* Documents to support your request (ie. Quote for service, brochures stipulating cost of materials/ items, etc).