



28 Cavell St
PO Box 21
CALINGIRI WA 6569
Telephone 08 9628 7004
Facsimile 08 9628 7008
Email reception@victoriaplains.wa.gov.au
Website www.victoriaplains.wa.gov.au

Shire of Victoria Plains

2018/2019 Community Budget Submissions

Submission Form

Project Summary

Community Group Applicant _____

Contact Name _____

Contact Phone _____

Contact Email _____

Submission Title _____

Amount Requested \$ _____

Total Project Cost \$ _____

OFFICE USE ONLY

APPROVED

\$

OR

% up to \$ _____

CLOSES – 4pm Friday 30 March 2018

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

4pm Friday, 30 March 2018.

Contact Details

Community Group Name	
Contact Person	
Position Held	
Postal Address	

Tax & Bank Information

Does your organisation have an ABN?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	ABN Number	
Is your organisation registered for GST?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	GST Registration Date	
Bank Account Name				
Bank & Branch Name				
BSB				
Account Number				

Eligibility Criteria

Is your organisation Not-for-Profit?

Please attach a copy of your Certificate of Incorporation

Yes
No

Project/Submission Description

Provide a 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, provide details.

PROPOSED BUDGET

INCOME (inc GST)	
Details of funding sourced from other organisations (private business, sponsorship, fundraising, donations etc)	
Shire Contribution Requested	\$
Community Group Cash Contribution	\$
Community Group In-Kind Contribution (volunteer labour)	\$
Other Funding i.e Sponsorship (please attach documentation)	\$
TOTAL PROJECT INCOME/FUNDING	\$

EXPENDITURE (inc GST)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL EXPENDITURE	\$

Authorisation

The authorised person signing this application should be an executive member, i.e. president, vice-president, secretary or treasurer.

I, (name) _____ certify that I hold the position of _____ with (organisation) _____ and am authorised to submit this submission on behalf of the organisation.
Signed: _____ Date: _____

Check list

Please ensure you attach the following to your application:

- Quotes from suppliers if applicable
- Copy of your Certificate of Incorporation (if applicable)
- Copy of current Statement of Financial Position.
- Details of other funding i.e. sponsorship.