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# COMMUNITY GRANTS PROGRAM

Strategic Projects (up to $30,000)

Application Form

Please read the funding guidelines carefully and speak to the Office of Multicultural Interests’ Grants Officer before completing an application. All applicants should seek advice from the Grants Officer on specific timeframes for application submission.

Contact (08) 6552 1603 or email **grants@omi.wa.gov.au** for further information and assistance.

*Additional planning templates are available for your use from the ‘Project planning resources’ page at* ***www.omi.wa.gov.au***

## Eligibility

|  |  |
| --- | --- |
| Is your organisation a culturally and linguistically diverse (CaLD) community association or a CaLD community service organisation? *The Funding Guidelines provide a detailed definition of this eligibility criteria and outline how an organisation can demonstrate that they address this. You are required to attach a Certificate of Incorporation – or equivalent evidence of the organisation’s not-for-profit status – with your application, and you may be required to provide other documentation to address these criteria.* | **Yes**  **No** |
|  |  |
| Is your organisation up to date with funding reporting with the Office of Multicultural Interests? Organisations with outstanding reporting are not eligible. | **Yes**  **No** |

If you have answered **‘No’** to any of these questions, please contact the Grants Officer on   
(08) 6552 1607 or email **grants@omi.wa.gov.au**

## Applicant details

**Organisation details**

This is the group undertaking the project or activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Legal name of organisation: | Click here to enter text. | | |
| Trading name (if applicable): | Click here to enter text. | | |
| Postal address: | Click here to enter text. | | |
| Suburb: | Click here to enter text. | Postcode: | Enter text. |
| Telephone: | Click here to enter text. | | |
| Organisation website: | Click here to enter text. | | |

**Organisation contact**

This is the person legally authorised to enter into contracts on behalf of the organisation. This is generally the chairperson, president or equivalent officer.

|  |  |  |
| --- | --- | --- |
| Name: | Click here to enter text. | |
| Position: | Click here to enter text. | |
| Telephone: | Click here to enter text. | |
| Mobile: | Click here to enter text. | |
| Email: | Click here to enter text. | |
| ***Personal information collected by OMI is handled in accordance with the Privacy Act 1988***.  By applying for this program, applicants acknowledge and accept that successful applicants may be contacted by the Minister for Multicultural Interests or their local Member of Parliament to discuss their grant. Applicants acknowledge that the contact details of the applicant may be provided to their local Member of Parliament for this purpose. If you do not wish for your details to be provided to your local Member of Parliament, you can ‘opt out’ by checking the box below. | | |
| These contact details may be placed on the OMI database and shared the Minister for Multicultural Interests or local Member of Parliament: | | **Yes**  **No** |

**Project contact**

This is the person responsible for the daily coordination of the project or activity.

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Mobile: | Click here to enter text. |
| Email: | Click here to enter text. |

## Organisation overview

|  |  |  |
| --- | --- | --- |
| Does your organisation have paid staff? | | **No**  **Yes** |
| If yes, how many? | Click here to enter text. | |
|  | |  |
| Does your organisation have volunteers? | | **No**  **Yes** |
| If yes, how many? | Click here to enter text. | |
|  | |  |
| Does your organisation have members? | | **No**  **Yes** |
| If yes, how many? | Click here to enter text. | |

**In 50 words or less provide a summary of your organisation and community (if relevant), including its establishment in Western Australia and regular activities.**

Click here to enter text.

## 1. Project details

**1.1) Project name:** Click here to enter text.

**1.2) Estimated project delivery start date:** Click here to enter text.

**1.3) Estimated project delivery end date:** Click here to enter text.

**1.4) Provide an outline of your planned project. Include *who* your target community is, *what* will be involved, and *when* and *where* your project will be held.**   
*You are required to attach or refer to evidence of this, such as a ‘project plan’ or ‘activity schedule’.*

Click here to enter text.

**1.5) Provide a brief overview of the people and partners involved in planning and delivering your project, including what and how they will contribute.**   
*You can attach or refer to evidence of this, such as letters of support from project delivery partners or a ‘project reach’ overview.*

Click here to enter text.

**1.6) Provide a brief overview of the community or communities who will benefit from your planned project, your organisation’s role in the community, and why you have chosen to deliver this project for the community.**   
*You can attach or refer to evidence of this, such as letters of support from the community or relevant service providers, or copies of consultation reports or research that has been undertaken.*

Click here to enter text.

## 2. Project reach

Use these tables to provide an estimation of how many people and groups will be involved in your project. *A ‘project reach’ overview may be attached to support your application.*

**2.1) Estimated number of people involved in the project as participants or audience/spectators.** If your project is targeted to a particular age group, specify figures within the appropriate age range. Otherwise, only provide total estimated figures.

|  |  |  |
| --- | --- | --- |
| Age group | Participants | Audience/spectators |
| Children 11 years and under | Click here to enter text. | Click here to enter text. |
| Adolescents 12-17 years | Click here to enter text. | Click here to enter text. |
| Youth 18-25 years | Click here to enter text. | Click here to enter text. |
| Adults 26-64 years | Click here to enter text. | Click here to enter text. |
| Seniors 65 years and over | Click here to enter text. | Click here to enter text. |
| Total | Click here to enter text. | Click here to enter text. |

**2.2) Estimated number of personnel and partners involved in planning and delivering your project.**

|  |  |  |
| --- | --- | --- |
| Who | Number | Role/s |
| Paid staff | Enter text. | Click here to enter text. |
| Volunteers | Enter text. | Click here to enter text. |
| Organisations | Enter text. | Click here to enter text. |

## 3. Promotional plan and media coverage

**3.1) Use the table below to provide an overview of how you plan to promote your project to your target community or communities, and how you will generate media coverage.**  
*For example, 1 x paid ad in Community News, 1000 x flyers distributed through local area, 3 x posts made to Facebook page. A ‘promotional plan’ or samples of marketing material may be attached to support your application.*

|  |  |
| --- | --- |
| Media type | Detail |
| Newspaper | Click here to enter text. |
| Advertisements | Click here to enter text. |
| Flyers | Click here to enter text. |
| Radio | Click here to enter text. |
| Social media | Click here to enter text. |
| Email networks | Click here to enter text. |
| OMI event calendar | Click here to enter text. |

## 4. Risk management

**4.1) List the top three risks associated with delivering your project, and how you plan to mitigate them.** *A ‘risk management plan’ may be attached to support your application.*

Click here to enter text.

## 5. Project evaluation

**5.1) List at least three measures of success you aim to achieve through your project.**

*Some examples are:*

* *Workshops are attended by 80 or more participants aged 18-25 years from the target communities.*
* *At least five culturally diverse community associations contributing to the delivery of the project.*
* *At least 70% of surveyed participants report increased engagement with employment services.*

Click here to enter text.

**5.2) Outline how you will measure and report on your success in achieving the measures identified above.** *This may include collecting attendance numbers, feedback surveys or participant interviews.*

Click here to enter text.

## 6. Project experience

**6.1) List up to three similar projects that your organisation has successfully delivered. Include what, where and when the project was held, how many attendees/participants were involved, and whether it received grant funding.**

Click here to enter text.

## 7. Project budget

Use the table below to list the expenses your project will incur, identify the cash or in-kind income that will cover the expenses, and detail where the income is coming from (or attach a detailed budget that provides this information).

The grant request can be **up to $30,000**.

Include your organisation’s cash and in-kind contributions.

**Do not include GST in your costings.**

|  |  |
| --- | --- |
| **Grant request amount:** | **$** Enter text. |
| **Total project amount:** | **$** Enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1)  Budget Items  (i.e. what the money will be spent on.) | (2)  This Grant Request Amount  ($) (ex. GST) | (3)  Other Funding Amount  ($) (ex. GST) | (4)  In-Kind Support - Estimate the dollar value of the in-kind support ($) | (5)  Source & Status of Other Funding or  In-kind Support.  State if confirmed  or unconfirmed |
| *Example only:*  *Printing and Promotion* | *$1000* | *$2000* | *$500* | *ABC Council  Confirmed* |
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| Total: | Enter text. | Enter text. | Enter text. |  |

## Child safeguarding

Every child has the right to feel safe when participating in arts, cultural, sporting, recreation, and community activities. Organisations that undertake child-related work or activities have a duty of care to keep children and young people (those aged under 18 years) safe from harm. Protecting children and young people from harm, harassment, discrimination, and abuse is in part a legal requirement, an ethical obligation, and a future requirement.

|  |  |  |
| --- | --- | --- |
| Does this activity or funding require an employee, contractor and/or volunteer from your organisation to undertake child-related work/activity (as defined in section 6 of the *Working with Children (Criminal Record Checking) Act 2004)* in delivering the activity? |  | **Yes**  **No** |

If the answer to the above question is **Yes**, then if your activity receives funding through this program your organisation is required to complete the **CITS Child Safeguarding Self-Assessment**, then develop and implement a Child Safeguarding Improvement Plan to build capability in areas identified in the self-assessment.

The tool can be found at: <https://www.dlgsc.wa.gov.au/department/child-safeguarding>

The following resources are available to assist your organisation to respond to areas of improvement to protect children and young people:

**National Principles for Child Safe Organisations**   
[www.humanrights.gov.au/our-work/childrens-rights/national-principles-child-safe-organisations](http://www.humanrights.gov.au/our-work/childrens-rights/national-principles-child-safe-organisations)

**Commissioner for Children and Young People (CCYP) website**  
<https://www.ccyp.wa.gov.au>

## Organisation taxation and banking details

**Taxation details**

|  |  |
| --- | --- |
| ABN: | Click here to enter text. |
| Is your organisation registered for GST? | **Yes**  **No** |

If the organisation does not have an ABN, please attach a completed ‘Statement by a Supplier form’. These forms can be accessed on the ‘Community Grants Program’ page under the ‘Funding’ tab at www.omi.wa.gov.au

**Bank account details**

|  |  |
| --- | --- |
| Bank name: | Click here to enter text. |
| Bank branch:  (suburb) | Click here to enter text. |
| Name of bank account: (e.g. Youth Group Inc.) | Click here to enter text. |
| BSB number: (must be 6 digits) | Click here to enter text. |
| Bank account number: (up to 9 digits) | Click here to enter text. |

## Declaration

This declaration is made by the applicant organisation:

* I declare that I am currently authorised\* to sign legal documents on behalf of the organisation.
* I declare that all the information provided is true and correct.
* I declare that the organisation is financially viable and is able to meet all accountability requirements.
* I give permission to the Office of Multicultural Interests, if applicable, to contact any persons or organisations in the processing of this application and understand that information may be provided to other agencies, as appropriate.
* I am aware the Grant Conditions as outlined above will apply to ensure projects are appropriately completed and accountability requirements are met.
* I agree to ensure that risk management strategies and appropriate insurances are in place (e.g. worker’s compensation, volunteers, professional indemnity, public liability, motor vehicle etc.)
* I agree to ensure that all required building regulations, approvals and other legal requirements are met.
* I agree to comply with the *Working with Children (Criminal Record Checking) Act 2004* and complete a Child Safeguarding Self-Assessment if required.
* I agree to run the project as stated and provide a final project report and statement of income and expenditure (signed by the authorised officer) to demonstrate how the grant funds were used to the Office of Multicultural Interests by the agreed date which will be outlined in the payment advice letter.

|  |  |
| --- | --- |
| Name of the organisation: | Click here to enter text. |
| Legally authorised officer name: | Click here to enter text. |
| Legally authorised officer position: | Click here to enter text. |
| Legally authorised officer email: | Click here to enter text. |
| Legally authorised officer telephone: | Click here to enter text. |
| Legally authorised officer signature: | Click here to enter text. |
| Witness name: | Click here to enter text. |
| Witness signature: | Click here to enter text. |
| Date: | Click here to enter text. |

**\*Important:** If successful, this application becomes the grant agreement and is legally binding. The declaration must be signed by the person legally authorised to enter into contracts on behalf of the applicant organisation. For incorporated associations this is generally the chairperson, president or equivalent officer. For not-for-profit organisations this is generally the chief executive officer. All formal correspondence will be directed to the legally authorised officer.

## Checklist

Before submitting your application for assessment, please ensure that the following steps have been completed. This checklist is included to ensure that you provide all the required information for assessment of your application.

Please tick off each step once complete and submit with your application:

The Funding Guidelines and Grant Conditions have been read and understood by the legally authorised officer.

You have discussed your application with the Office of Multicultural Interests’ Grants Officer.

All questions in this form have been completed.

A copy of the applicant organisation’s Certificate of Incorporation – or equivalent evidence of the organisation’s not-for-profit status – has been attached.

You have provided your ABN or, if you do not have an ABN, a ‘Statement by a Supplier form’ has been attached.

Letter/s of support from partnering organisations are attached to identify their support and contribution to the project, where applicable.

Any other documents to support your application have been attached (i.e. reports, samples of promotional material etc.), where applicable.

The Declaration of this form has been signed by the organisation’s legally authorised officer.

## Application submission

Applications and supporting material can be submitted by email to **grants@omi.wa.gov.au**

Applicants will be sent a formal notification by email when their application is ready to progress to assessment and this will include an estimated timeframe for the outcome.