

**CITY OF ARMADALE ANNUAL CONTRIBUTION 2012/2013
APPLICATION FORM**

Applicants must complete ALL questions.

1. Details of Group/Organisation:

Organisation Name _____

Address _____

Postal address (if different from above) _____

Telephone _____ Fax _____

Name of contact person: _____

Position in organisation: _____

Mobile _____ Email _____

Telephone _____ Fax _____

Website address _____

Is the group/organisation incorporated? Yes / No

Is the organisation registered for GST Yes / No

The organisation's ABN No. _____

Amount requested from the City of Armadale \$ _____

Have you previously received an Annual Contribution or other financial support from the City of Armadale?

Yes / No

If yes, in what year did you receive this support and what type of support was it? I.e. annual contribution, community grant, donation etc.

9. Please outline the budget for the project, program or service:

- Please list all items that you plan to spend the grant money on. Remember, receipts for each expense listed will be required after the event.
- Fill in only the areas that relate to your budget. For example, if your event will not be charging admission fees, simply write N/A (not applicable).
- As per the criteria organisation, services that are active in sourcing/attracting other funding will be favorably considered – please ensure you list in the appropriate income section other funding sources.

Expenditure (your costs)	Cost \$	Income	Cost \$
Operating Costs (e.g. any costs such as equipment, materials, venue you need to stage your event/program)		Operating Costs	
Professional Services (e.g., cost of artists, facilitation, security staff, catering staff etc.)		Professional Services	
Administration Costs (any costs such as postage, stationary that are required to coordinate the project)		Administration Costs	
Other (please specify any other costs you anticipate your event will incur)		Other	
Marketing Advertising Flyers		Other funding sources (list the value of any other sponsorship or funding your event/program will receive excluding what you are requesting from City of Armadale)	
		Your organisation's contribution (e.g. list any other financial or 'in-kind' support your organisation is contributing towards the project)	
In-kind contribution (specify) Volunteer labour		AMOUNT REQUESTED FROM CITY OF ARMADALE	
TOTAL EXPENDITURE FOR PROJECT/EVENT	\$	TOTAL INCOME FOR PROJECT	

CERTIFICATION & CHECKLIST

- I understand that this document is private and confidential and will not be distributed to any other organisation.
- I understand that any decision by the City of Armadale is final and will not be subject to an appeal process.
- I understand that this is an application only and that there is no obligation for Council to grant or extend an Annual Contribution beyond a 12-month period.
- I certify that all details supplied in this application form are true and correct to the best of my knowledge.
- As the applicant organisation, I have read and agree to the accompanying guidelines, criteria and information provided with this application form.
- Copy of current certificate of incorporation is attached.
- Copy of associations current Public Risk Insurance Policy to the value of \$5,000,000 is attached.
- Copy of most recent certified financial statement is attached.

Name (please print) _____ Signature _____

Position in group/Organisation _____

Date: _____

UPON RECEIVAL OF YOUR APPLICATION, CORRESPONDENCE WILL BE SENT TO CONFIRM RECEIPT.