

Community Facility Fund Submission Form

| Organisation Details |
|--|
| Organisation Name |
| Postal Address |
| Contact Person |
| Position |
| Contact Number |
| Contact Email |
| ABN Number |
| Is your group/organisation registered for GST? (select 1 option) Yes □ |
| No 🗆 |
| Does your group/organisation hold Public Liability Insurance? (select 1 option) Yes □ |
| No 🗆 |
| If yes, please submit Certificate of Currency for Public Liability Insurance |



Is your group/organisation incorporated? (Select 1 option)

| Yes 🗆 | Incorporation Number |
|-------|----------------------|
| | |

No 🗆

Does your group/organisation have a strategic plan? (select 1 option)

Yes \Box If yes, please attach your strategic plan with your submission.

No 🗆

1. How many participants does your group/organisation have?

| Juniors | |
|-----------------|--|
| Seniors | |
| Volunteers | |
| Full Time Staff | |
| Part Time Staff | |

Project Details

Project Name

Project Start Date _____ Project End Date _____

Location (facility/reserve)

Total Project Cost (ex GST)

□ Copy of your group/organisations meeting minutes supporting the decision for the grant application



Construction Details

What do you want to construct/install/refurbish/plan for? What spaces will be changed and or created? (minimum 100 words)

Project Documentation – Please tick documents being provided

- □ Aerial Designs
- □ Aerial Images
- □ Drawings
- □ Floor Plans
- □ Photo's

Are there any operational constraints that would impact on the construction phase of your project? Consider sporting seasons and major annual events of all users of premises.



Please state the name and contact details of the nominated licensed contractor supplier/builder or any other licensed professionalism carrying out the works.

| Name | Phone | Email | Type of Work | Quote Submitted |
|------|-------|-------|--------------|--------------------|
| | | | | □ Yes □ No |
| | | | | □ Yes □ No |
| | | | | □ Yes □ No |
| | | | | □ Yes □ No |
| | | | | □ Yes □ No |
| | | | | □ Yes □ No |



Please state the name, contact details, type of work and qualifications of the nominated **volunteers.**

| Name | Phone | Email | Type of Work | Unskilled/Skilled/ Professional | Qualification | Expiry Date |
|-----------------------|--------------------|---------------------|--------------------|------------------------------------|--------------------------------|----------------|
| e.g. John Smith | 0400 000 000 | johnsmith@gmail.com | Tiler | Skilled | Construction Induction Card | 1/01/2026 |

Volunteer Labour Type Definitions

| Unskilled | General work is being undertaken where no recognised qualification is required. |
|--------------|---|
| Skilled | A person with a recognised qualification specific to the work to be undertaken, i.e. trades person, grader driver, truck driver, etc |
| Professional | A person with a formal tertiary qualification specific to the work to be undertaken, i.e. architectural, legal, engineering, surveying work or similar |



Insurance Details – Contractor

| | □ Yes, see attached | | | |
|--|--|--|--|--|
| Does the contractor have Workers | \Box Yes, will attach if application is successful | | | |
| Compensation Insurance? | □ N/A | | | |
| | □ Yes, see attached | | | |
| Does the Contractor have Public Liability Insurance to the value of | \Box Yes, will attach if application is successful | | | |
| \$20m? | | | | |
| | □ Yes, see attached | | | |
| Does the contractor have Income Protection or Personal Accident and | \Box Yes, will attach if application is successful | | | |
| illness Insurance | | | | |
| | □ Yes, see attached | | | |
| Does the Contractor have Professional Indemnity Insurance? | \Box Yes, will attach if application is successful | | | |
| Applicable if advice is being provided. | | | | |
| | □ Yes, see attached | | | |
| Does the Contractor have Motor Vehicle Insurance? | \Box Yes, will attach if application is successful | | | |
| Venicle insurance : | | | | |
| | □ Yes, see attached | | | |
| Does the Contractor have a handbook | \Box Yes, will attach if application is successful | | | |
| and or safety agreement | | | | |



Insurance Details – Voluntary Labour Insurances

| | \Box Yes, see attached | |
|--|--|--|
| If 'skilled' or 'professional' volunteers are | □ Yes, will attach if application is successful | |
| carrying out works, do they have Public Liability Insurance to the value of \$20m? | □ No | |
| | □ N/A | |
| | | |
| | \Box Yes, see attached | |
| If 'skilled' or 'professional' volunteers are | Yes, see attached Yes, will attach if application is successful | |
| If 'skilled' or 'professional' volunteers are carrying out works, have they provided copies of their qualifications/tickets or certificates? | | |
| carrying out works, have they provided copies | ☐ Yes, will attach if application is successful | |

Insurance Details – Product

| | □ Yes, see attached |
|--|---------------------|
| Does the product come with Product Liability Insurance or warranty information? | □ No |
| | □ N/A |

Project Justification

Why does the project need to be delivered? (minimum 200 words) What needs will the project meet and how did your organisation identify the need/demand? For example – member or community survey or feedback, benchmarking against other organisations, growing participation.



What other options were considered?

What other options did your organisation consider when developing the project? Why was this option selected? You may consider short-term vs long-term benefit, available time and resources, site considerations, cost etc. (**Minimum 200 words**)

What strategic planning documents support a need for such infrastructure? These may include a needs analysis, your strategic plan, Shire planning documents or documents developed by your governing body or state sporting association.

Community Benefit

What are the community benefits of the project?

Consider who currently uses the facility, for what purpose and how the project will change or improve it. Examples may increase access for people with disability, family-friendly, female participation, regional event attraction. Will it be used by the whole community? Does the project provide opportunities that were previously not available to the community? (Minimum 200 words)



Are you partnering with any other groups to deliver the project? (Select 1 option)

 \Box Yes

🗆 No

If yes, describe each organisations role in the project

| Organ | isation | Ro | le |
|---------------------------------------|----------------------------|--------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| Provide written evider | nce of support with your s | submission | |
| Project Budget Expend Detail items | liture (ex GST) | | |
| Description | Cost ex GST | Cost inc GST | Company |
| | | | |
| | | | |



Volunteer Labour Expenditure

| | Rate (\$)/hr | Hours | Total | Unskilled/Skilled/ Professional |
|------------------------------------|--------------|-------|-------|------------------------------------|
| Example – clearing site of rubbish | \$25 | 2 | \$50 | Unskilled |

Total Volunteer Expenditure Volunteer Labour Type Unskilled – Up to \$25 per hour Skilled – Up to \$40 per hour Professional – Up to \$60 per hour

Total Project Expenditure_



Income

Please note expenditure and income should be equal

Volunteer Labour Income

| | Rate (\$)/hr | Hours | Total | Unskilled/Skilled/ Professional |
|------------------------------------|--------------|------------|-------|------------------------------------|
| Example – clearing site of rubbish | า \$25 | 2 | \$50 | Unskilled |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Volunteer Income | | | | |
| Description Cost ex 0 | GST Co | st inc GST | Cor | npany/Organisation |
| Organisation's cash contribution | | | | |
| Other grant providers | | | | |
| Donations | | | | |
| Sponsors | | | | |
| Voluntary Labour | | | | |
| Total Project Income | | | | |



Amount of Community Facility Funding requested Maximum amount to be 70% of total project cost capped at \$20,000

What is your group/organisations plan for unexpected costs? Project cost increases are not eligible for further grant funding from the Shire.

□ Please submit a copy of your group/organisations most recent bank statement and or most recent financial statement.

Payment Details

Bank account details for electronic transfer of grant monies.

| Account Name |
|----------------|
| BSB Number |
| Account Number |
| Bank Name |
| Bank Branch |