# 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  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.

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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* |
|  |  |  |  |  |  |  |
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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

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

Insurance Details – Voluntary Labour Insurances

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

Insurance Details – Product

|  |  |
| --- | --- |
| Does the product come with Product Liability Insurance or warranty information? | Yes, see attached  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.

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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)**

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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.

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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)**

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

Yes

No

If yes, describe each organisations role in the project

|  |  |
| --- | --- |
| Organisation | Role |
|  |  |
|  |  |
|  |  |
|  |  |

Provide written evidence of support with your submission

Project Budget Expenditure (ex GST)

Detail items

|  |  |  |  |
| --- | --- | --- | --- |
| **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* | $25 | 2 | $50 | Unskilled |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Volunteer Income**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Cost ex GST | Cost inc GST | Company/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

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

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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_