

REQUEST FOR WAIVING OF FEES



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Office Hours
8.00am - 4.00pm
Monday - Friday

Section A: APPLICANTS DETAILS					
Name of Organisation:					
Postal Address:					
Contact Person:					
Email: (will be used for funding remittance)					
Phone:	(B/H)			(Mob)	
Is your organisation registered for GST		YES		NO	ABN
Is your organisation Incorporated		YES		NO	Incorporation No.
Do you have Public Liability Insurance?		YES		NO	

Section B: PROJECT / EVENT SUMMARY					
Type of Project / Event:					
Name of Project / Event:					
Project or Event Date/s:					
Total Budget:					
Requested Funding:					
Project Description Objectives, expected outcomes, proposed actions / purchases You are welcome to attach additional pages, or your project plan, should there be insufficient space.					
Will revenue be generated as a result of the project / event?		YES		NO	Expected Revenue: \$
Is this a fund raising project / event?		YES		NO	Beneficiaries?
Are you working with any other community groups or businesses in delivery of this project / event?	Group / Business		Contact Name		Phone
Have you applied for other external funding?	Funding Body		Status		Amount
					\$
					\$
Type of fee / charge that you are requesting be waived or reduced					

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Section C: PROJECT /EVENT BENEFITS

You are welcome to attach additional pages, or your project plan, should there be insufficient space.

Why is this project / event important?

Please describe how this project / event will benefit members of your organisation

Does your project benefit the wider community? Please CLEARLY explain how others will benefit from your project / event

Does your project / event meet any of the Community Small Grant objective/s

If YES, please state which objective/s your project / event meets and how your project / event will achieve that objective/s

YES

NO

If NO, please provide a comprehensive explanation as to why Council should consider your proposal

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Section D: FINANCIAL DETAILS

BUDGET: Please provide a detailed budget for the project / event you are requesting support for from Council. All costs should be itemised in the space provided below. Please note that your income and expenditure should match. If the project / event is fundraising to be retained, please indicate as retained profit. Please refer to the Guidelines for in-kind support information.

INCOME						
INTERNAL FUNDING - CASH					AMOUNT	
1.	Applicants Cash Contribution				\$	
2.	In-Kind Volunteer Labour		Hours @ \$25		Hours @ \$40	\$
3.	In-Kind Donated Materials				\$	
4.	Other				\$	
5.	Fundraising - Retained Profit				\$	
6.	TOTAL INTERNAL FUNDING (SUM OF 1:5)				\$	
EXTERNAL FUNDING						
7.	Shire of Three Springs Funding				\$	
8.	Funding Organisation 1				\$	
9.	Funding Organisation 2				\$	
10.	Participant Fees (if applicable)				\$	
11.	Other				\$	
12.	Other				\$	
13.	TOTAL EXTERNAL FUNDING (SUM OF 7:12)				\$	
14.	TOTAL INCOME (SUM OF 6 + 13)				\$	
EXPENDITURE						
	ITEM				AMOUNT	
15.					\$	
16.					\$	
17.					\$	
18.					\$	
19.					\$	
20.					\$	
21.					\$	
22.					\$	
23.					\$	
24.					\$	
25.	TOTAL EXPENDITURE				\$	

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Total cost of project / event (25)	\$
Amount of council funding requested (7)	\$
Your internal funding (6 - 5)	\$
Fundraising Profit	\$
Contribution from other sources (13 - 7)	\$

Section E: DECLARATION

I hereby declare that the information supplied on behalf of the named organisation is correct. I consent to the Shire of Three Springs collecting the personal contact details provided in this application. We acknowledge your right to have access to our personal information, in accordance with the Privacy Act 2000.

I also declare that I have read the Shire of Three Springs Community Small Grants Guidelines and agree to comply with the provisions included.

Signature			
Name		Date	
Position * (Must be an executive committee member)			
Bank Account	BSB		ACC
Account Name			

Office Use Only

Date Received		Records Ref		File Ref	
Approval under delegated Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO*	*Report to Council required		
Authorised Officer under the instrument of Delegation Number					
<input type="checkbox"/> Approved	\$	<input type="checkbox"/> Declined	Reason:		
*If No, Council Meeting Date		*Outcome of Council Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined, OMC No	
Applicant Notified	<input type="checkbox"/> YES	Date		Records Ref	File Ref

Name of Committee Chairperson

Signature

Date