

Application – Creative Support Grants

APPLICANT DETAILS	
Organisation/Individual Name:	
Contact Person:	
Organisation/Individual Postal Address: <i>This is the address that the City of Albany will send hardcopy documents to i.e. Funding Agreements</i>	
Telephone:	
Organisation/Individual Email:	
Please tick ONE of the following four options and provide details:	
<input type="checkbox"/>	<p>I am applying as an individual with an ABN</p> <p>My ABN is: _____</p> <p><input type="checkbox"/> I am a resident of the City of Albany local government area</p>
<input type="checkbox"/>	<p>I am applying as an individual and do not have an ABN</p> <p><input type="checkbox"/> I have completed and supplied a <i>ATO Statement by a Supplier</i> form</p> <p><input type="checkbox"/> I am a resident of the City of Albany local government area</p>
<input type="checkbox"/>	<p>I am applying on behalf of a registered not for profit organisation (incorporated or registered charity)</p> <p>Date of incorporation or charity registration _____</p> <p><input type="checkbox"/> The organisation is registered in the City of Albany local government area</p> <p><i>(You will be required to supply a copy of your Certificate of Incorporation if your application is successful)</i></p>
<input type="checkbox"/>	<p>I am applying on behalf of a non-incorporated organisation or community group. An incorporated organisation has agreed to auspice my application (see details below).</p> <p><input type="checkbox"/> The unincorporated organisation and the auspicings incorporated organisation are both registered in the City of Albany local government area</p>
	Auspicing Organisation:
	Contact Person:
	Postal Address:

	Phone:	
	Email:	

PROJECT DETAILS

Your Project *(Please describe your proposed activity and what the City's funding will be used for):*

Project Start Date:

Project End Date:

How will you determine whether your activity has been successful?

Which of the funding priorities does your project address (Applicants may select more than one priority):

- Contribute to the Local Creative Ecosystem
- Cultural and Community Engagement
- Timeliness and Relevance.
- Artist Growth and Career Development
- Lasting Value

Have you received funding from the City of Albany in the past five years?

- Yes No

If yes, please provide details:

Year	Purpose	Amount

BUDGET

Please outline the total cost of your project. Include any of your own or partner business' cash or in-kind contributions and any other contributions. *In-kind contributions are goods, services, time, expertise, or other non-cash contributions which assist the development, delivery and/or evaluation of the project.*

Please note – for this funding you are not required to seek other contributions, this table is to provide the panel with a full overview of your request.

Amount \$ (excluding GST)	\$
Request from the City of Albany	\$
Your \$ contribution	\$
Other \$ contributions	\$
Total \$ contributions	\$
In kind Contributions	
(please itemise below the type of in-kind contribution and estimated value).	
	\$
	\$
Total value of In-Kind	\$

PROJECT COST				
Please outline your project's total cost using the table below. Attach written quotes for major budget items and include any additional notes to help explain the proposed expenditure.				
Item/s Description	Total item cost (ex GST)	\$ requested from City of Albany (ex GST)	\$ requested from others (ex GST)	\$ provided by applicant (ex GST)
Total Costs				

Which of the following ways are you able to acknowledge the City of Albany's support for the project?

- Acknowledgement of City of Albany support in advertising and media publicity
- City of Albany signage while the project is occurring
- Verbal acknowledgement during the project
- Formal invitations to City of Albany Mayor and/or Councillors to attend project activities, official functions and hospitality opportunities
- The Mayor or Councillors to be invited to present the welcome or opening speech at the commencement and/or launch of the project

APPLICANT DECLARATION	
I, the undersigned, certify that I have been authorised to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and correct.	
Name:	
Signature:	
Position:	
Date:	

Please send completed applications to:

City of Albany Arts and Culture
 City of Albany
 PO Box 484
 ALBANY WA 6331
 Or by email: arts@albany.wa.gov.au

Application Checklist	
All sections of this application form completed	<input type="checkbox"/>
Examples of creative practice included	<input type="checkbox"/>
Current CV supplied	<input type="checkbox"/>
Proof of material costs supplied (i.e. quotes)	<input type="checkbox"/>
Relevant letters of support supplied (if applicable)	<input type="checkbox"/>