

OFFICIAL

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:	
☐	I am applying as an individual with an ABN My ABN is: _____ ☐ I am a resident of the City of Albany local government area
☐	I am applying as an individual and do not have an ABN ☐ I have completed and supplied a <i>ATO Statement by a Supplier</i> form ☐ I am a resident of the City of Albany local government area
☐	I am applying on behalf of a registered not for profit organisation (incorporated or registered charity) Date of incorporation or charity registration _____ ☐ The organisation is registered in the City of Albany local government area <i>(You will be required to supply a copy of your Certificate of Incorporation if your application is successful)</i>
☐	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). ☐ The unincorporated organisation and the auspicings incorporated organisation are both registered in the City of Albany local government area
	Auspicing Organisation: _____
	Contact Person: _____

	Postal Address:	
	Phone:	
	Email:	

Note: Auspiced applications must have a letter of support from the auspicing body, confirming that they will agree to auspicing the application.

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

Please provide a brief explanation as to how your project aligns with the funding priorities?

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

Privacy Collection Notice

The City of Albany collects your personal information to deliver services and meet our legal obligations under relevant laws.

We handle your information in line with the Privacy and Responsible Information Sharing Act 2024. Your information is stored securely, kept only as long as needed, and may be shared with other government agencies if required or permitted by law.

You can request access to or correction of your personal information at any time.

Contact: City of Albany Privacy Officer Phone: 08 6820 3000 Email: prisproject@albany.wa.gov.au

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 – Please ensure you have:	
Completed all sections of this application form	☐
Provided examples of creative practice	☐
Provided a current CV	☐
Provided proof of material costs (i.e. quotes)	☐
Provided relevant letters of support (if applicable)	☐