

## Instructions for Applicants

### What do I need?

The City of Kalgoorlie-Boulder would like to thank you for your interest in applying for the 2025/26 Annual Grant Program.

Please note; you will need the following pieces of documentation to successfully submit this applications form.

- - Australian Business Number (ABN: If applicable)
  - Valid copy of Certificate of Incorporation
  - Valid copy of Certificate of Public Liability Insurance
  - Relevant letters of support
  - Quotes for items and services purchases over \$5,000.00
  - most recent completed copy of reconciled or audited financial statements.

## Contact Details

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [customer-privacy-policy \(ckb.wa.gov.au\)](#)

## Applicant Details

### Applicant \*

Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

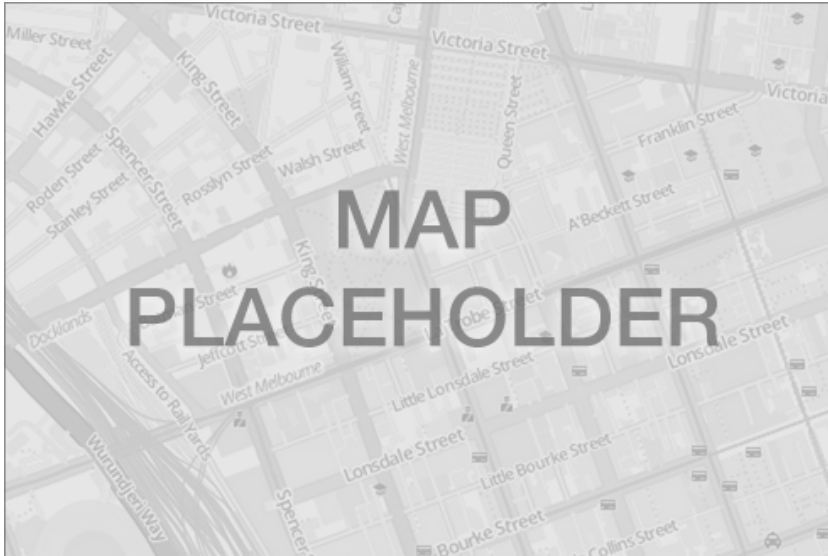
### Department/Branch/Faculty

Use this field only if relevant.

### Applicant primary address

Address

# City of Kalgoorlie-Boulder Annual Grant Program Form Preview

## Applicant postal address

Address

## Applicant primary phone number \*

Must be an Australian phone number.

## Applicant email address \*

Must be an email address.

## Applicant website

Must be a URL.

## Primary Contact Details

### Primary contact \*

Title      First Name      Last Name

This is the person we will correspond with about this grant.

### Position held in organisation \*

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e.g., Manager, Board Member or Fundraising Coordinator.

**Primary contact primary phone number \***

Must be an Australian phone number.

**Primary contact email address \***

This is the address we will use to correspond with you about this grant.

## Organisation Details

\* indicates a required field

### Organisation Mission

**What is your organisation's purpose or mission? \***

Word count:

Must be between 100 and 1000 characters and no more than 200 words.

**Does your organisation have an ABN? \***

Yes

No

**Applicant ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

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As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

### Please upload completed Statement of Supplier Form: \*

Attach a file:

Max 25mb per file uploaded

### What is your incorporation number? \*

Incorporated Association or Australian Company Number

## Not-for profit organisation type

### What type of not-for-profit organisation are you? \*

- |  |  |   |
|--|--|---|
| <input type="radio"/> Arts and Culture                     | <input type="radio"/> Crisis or Financial Support and Counselling Services | <input type="radio"/> Environmental and Cultural Heritage   |
| <input type="radio"/> Disability Services                  | <input type="radio"/> Seniors Services                                     | <input type="radio"/> Emergency Services                    |
| <input type="radio"/> Indigenous and Multicultural Affairs | <input type="radio"/> Sport and Recreation Development Services            | <input type="radio"/> Crime prevention and community safety |
| <input type="radio"/> Youth and Family Services            | <input type="radio"/> Tourism and Promotions                               | <input type="radio"/> Economic Development                  |

Please choose the option that best applies to your organisation.

### What is your organisation's annual revenue? \*

- Less than \$50,000
- \$50,000 or more, but less than \$250,000
- \$250,000 or more, but less than \$1 million
- \$1 million or more, but less than \$10 million

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: <https://www.acnc.gov.au/tools/topic-guides/revenue>

### What is your organisation's legal structure? \*

- Unincorporated association
- Incorporated association
- Indigenous corporation, association or cooperative
- Organisation established through specific legislation
- Trust
- Unknown

If your organisation is unincorporated, it must have an auspice organisation

## Funding Categories

\* indicates a required field

### Grant Funding Categories \*

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- Over \$10,000
- Capital Works
- 3 Year Service Agreement

Please select one funding category to apply for. Please note you will only be able to submit funding for one avenue of funding each financially year.

## Eligibility

\* indicates a required field

### AGP Guidelines 2025/26

This field is read only.

Visit [www.ckb.wa.gov.au/AGP](http://www.ckb.wa.gov.au/AGP) for more information.

### Applicants: please note

Before completing this application form, you should have read the City's Annual Grant Program guidelines: **[www.ckb.wa.gov.au/AGP](http://www.ckb.wa.gov.au/AGP)**.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact the Community Development Team at **[agp@ckb.wa.gov.au](mailto:agp@ckb.wa.gov.au) or call (08) 9021 9600**.

If you do contact us throughout the application process, please quote the application number below:

### Application Number

This field is read only.

## Confirmation of Eligibility

### I confirm that the applicant ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program and the City's Strategic Community Plan 2020-2030
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application

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- is located in (and/or supplies services to) **the City of Kalgoorlie-Boulder Local Government Area**
- is able to demonstrate sustainability strategies rather than ongoing reliance on City funds
- addresses a specific significant social, cultural, recreational and / or wellbeingcommunity issue
- does not owe any reports or money to the **City of Kalgoorlie-Boulder** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is **not** a registered business, Commercial entity, or profit-making organisation.
- is **not** a Local, State and Federal Government Department or agency.

**Please select below: \***

Yes  No

You must confirm that all statements above are true and correct.

## Auspice Information

\* indicates a required field

**Is your organisation auspiced by another organisation for the purpose of this grant? \***

Yes  No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

## Auspice Organisation Details

**Auspice organisation name \***

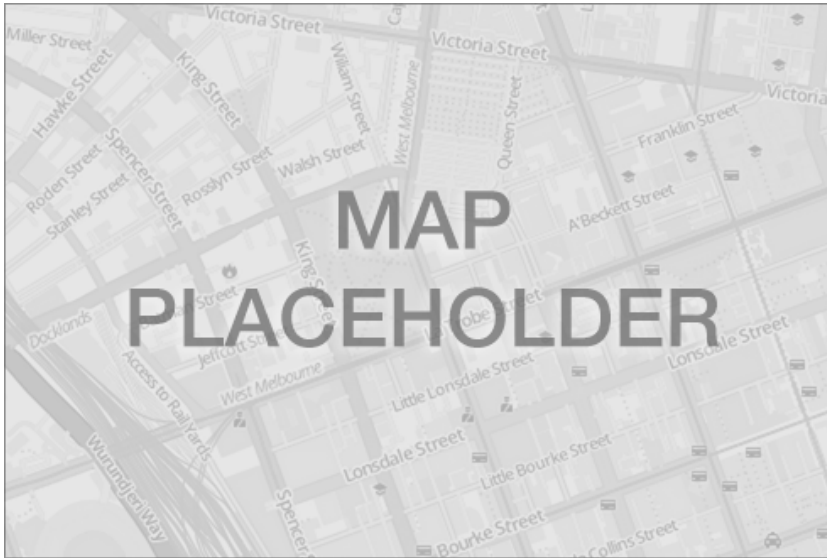
Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Auspice primary address**

Address

# City of Kalgoorlie-Boulder Annual Grant Program Form Preview



## **Auspice postal address**

Address

## **Auspice primary phone number \***

Must be an Australian phone number.

## **Auspice email address \***

Must be an email address.

## **Auspice website**

Must be a URL.

## **Primary contact person at auspice organisation \***

Title      First Name      Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

## **Position held in organisation \***

e.g., Manager, Board Member or Fundraising Coordinator.

## **Auspice primary contact primary phone number \***

Must be an Australian phone number.

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### Auspice primary contact office phone number

Must be an Australian phone number.

### Auspice primary contact email address \*

Must be an email address

### Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. \*

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

### Does the auspice organisation have an ABN? \*

Yes  No

### Auspice ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

### Please upload completed Statement of Supplier Form: \*

Attach a file:

Max 25mb per file uploaded



# City of Kalgoorlie-Boulder Annual Grant Program

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### Project Details

**Project title:**

Provide a name for your project/program/initiative. Your title should be short but descriptive

**Anticipated start date****Anticipated end date**

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

**Please provide a short summary of your initiative**

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

**Rationale / Theory of Change: Why are you undertaking this project or hosting this event? Does it address a need or issue in the community?**

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu2> if you need some ideas about how to frame your response.

**Alignment - How does your project or initiative align with the outcomes of the City's Strategic Community Plan??**

Please consult the program guidelines for more information about our program and organisational goals - see {{ Grantmakers: insert website address here }}. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu3> if you need some ideas about how to frame your response.

**What are the primary areas of focus for this project/program?**

You may select up to five items. You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

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**Please tell us about the outcomes you expect to result from this initiative.**

Outcomes are the changes you expect to occur for the beneficiaries of your initiative. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We also want to learn more about the beneficiary groups you think your initiative will affect (**Primary** and **Indirect**), who you will work through to reach those groups or achieve your outcomes (**Intermediaries**), and how you propose to gauge whether your anticipated outcomes have been achieved - what you will measure and how (**indicators**).

If you need more help understanding what outcomes are, read the materials at:

<https://ourcommunity.com.au/evaluation>

**List your initiative's anticipated outcomes and attached information in the following table. Leave blank any fields that do not apply to your initiative.**

Anticipated Outcomes	Timeframe	Indicator	Verification Method
Outcomes are the changes that you expect to occur as a result of your initiative. See information above.	See description above	What you will use to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"	e.g. survey; interviews; focus groups

**Who are the expected primary beneficiaries of this project/program?**

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

**Please list any indirect beneficiaries you anticipate will or may be affected by your initiative.**

**Indirect beneficiaries:**


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Indirect beneficiaries are those who may not be targeted by your initiative but are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants ('rural children and youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs ('rural adults'). You may add extra rows if required.

**Please list any intermediaries you will work through or with to reach your beneficiaries and/or achieve your outcomes.**

**Intermediaries:**

In order to induce changes in your target group, you may need to work through one or more layers of intermediaries. If you wanted to reduce ethnic prejudice, for example, you might want to work through teachers to change students, or even through teacher training colleges to change teachers. You may add extra rows if required.

**What outputs are you expecting to produce through this initiative?**

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of trees to be planted, the number of classes to be held, the number people expected to attend a training course, the number of possums to be treated for a disease, the number of volunteers to be engaged.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Number	Who or What	Service / Product / Activity	Timeframe
(Approximate, or leave blank if unknown)	e.g. parents; trainees; trees; possums; books	e.g. trained in first aid; planted; provided treatment; delivered	e.g. over life of program; per annum; per month

**Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing?**

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Yes
  No
  Don't know
  Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

### What evidence do you have that this project/program has community support?

Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu7> if you need some ideas about how to frame your response.

### Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

### What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

### Amount Requested Year 1

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

### Amount Requested Year 2

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

### Amount Requested Year 3

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

### What are the planned activities?

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Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

### **Who will benefit from the project?**

Describe the estimated number, gender, age and location/region of those participating in the project (150 words recommended)

### **What are the expected outcomes of the project?**

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

### **How will you know if these outcomes have been achieved?**

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

### **Describe the planned activities that have taken place in this reporting period**

List the specific activities that have taken place including where and when they took place and who participated and benefited from them (150 words recommended)

### **Have any changes been required to the implementation of the project?**

Describe any changes from the original proposal and the reason the change was required (200 words recommended)

### **What have been the outcomes of the project to this point?**

Describe three things the project has achieved in terms of benefits for participants and/or others (200 words recommended)

### **How successful have you been?**

Describe three changes that have occurred as a result of the project achieving its outcomes and if/why such change is sustainable (250 words recommended)

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### What did you learn as a result of undertaking this project/program?

We are particularly interested in lessons that may help others who are undertaking similar work. Think about what you learned about your theory of change. How accurate were your assumptions (were they 100% right, only partly right, or were the results a complete surprise?); how adequate were your inputs (money, goods, skills, personnel, time - too much; too little; about right?); and what did you learn about the context of the project/program (timing; targeted beneficiaries; geographic settings; etc - were they right; wrong; about right?).

### Inputs (Budget)

#### Total Amount Requested

What is the total financial support you are requesting in this application?

#### Total Project/Program Cost

What is the total budgeted cost (dollars) of your project?

### Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

#### NOTE:

1. **Quotes must be provided for items or services over \$5,000.00.**
2. **The value of volunteer times can be calculated at \$25.00 per hour per volunteer.**

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

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Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

### Budget Totals

**Total Income Amount**  
 \$   
 This number/amount is calculated.

**Total Expenditure Amount**  
 \$   
 This number/amount is calculated.

**Income - Expenditure**  
  
 This number/amount is calculated.

### Quotes

**Please attach quotes for any expenditure (cost) items over \$500**

Attach a file:

All Services and Items over \$5,000.00 requires quotes to be attached.

**What other inputs will you need in order Confirmed? to successfully carry out this project?**

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

### Applicant Capacity

**Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.**

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Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

### **Please provide a link to or attach a copy of your most recent Annual Report.**

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

#### **Upload files**

Attach a file:

or

#### **Provide web link:**

Must be a URL

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree \***

Yes

No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)



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**Contact phone number \***

Must be an Australian phone number.  
We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Your response to this question will assist us in improving our processes.

**Please indicate how you found the online application process:**

- Very easy     Easy     Neutral     Difficult     Very difficult

**How many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**