



Office Use Only
TRIM: _____
Grant No: _____
Project Coordinator: _____

CSRFF Small Grants Application Form

For projects up to \$150,000 to be acquitted by 15 June 2013

You MUST discuss your project with an officer from your nearest Department of Sport and Recreation office before completing and submitting your application. Failure to do so will render your project ineligible.

DSR Contact:	Date:	Office:
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Applicant's Details:

Organisation Name:					
Postal Address:					
Suburb:		State:		Postcode:	
Street Address:					
Suburb:		State:		Postcode:	

Preferred Contact Person:

All application correspondence will be directed to this person

Name:		Title:	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Position Held:			
Business Phone:		Facsimile:	
Mobile Phone:		Email:	

Organisation Business Details:

Does your organisation have an ABN?	Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN:	
Is your organisation registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>	* Note, in order to be eligible for funding you must attach a copy of the Incorporation Certificate	
Is your organisation not-for-profit?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your organisation incorporated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Incorporation #:	*
Bank details:	Bank:	BSB:	A/c:

Local Government Authority Details:

LGA:			
Contact:		Title:	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Position Held:			
Business Phone:		Facsimile:	
Mobile Phone:		Email:	

PROJECT DETAILS

Project Description:	
How did you establish a need for your project?	
Project location:	
Land ownership:	Who owns the land on which your facility will be located? Lease Expiry (if applicable):
Planning approvals	Where applicable, has planning permission been granted? Yes <input type="checkbox"/> No <input type="checkbox"/> Have other approvals been granted, ie building Heritage, Indigenous and Swan River Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>
How will your project increase physical activity?	
Do you share your facility with other groups? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who:	

List the main sport and recreation activities(maximum of 3) which will benefit from your proposal. Please indicate the approximate % usage of the facility (or part of the facility relating to this proposal).

Sport/community organisation	% use of the facility	Hours per week

Activity/sport membership numbers over the past three years relevant to your project. For example, if a bowls project, golf members not relevant; social membership numbers not applicable.

Note: if membership is not applicable, ie recreation facility or aquatic centre, please enter the number of users of the facility.

2009/10		2010/11		2011/12	
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List all relevant user sport and recreation club's membership fees per annum.

Seniors		Juniors	
Other (please specify)			

What is the name of the State Sporting Association for your activity/sport?	
Have you discussed your project with your State Sporting Association? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Name:	Date of contact:

PROJECT DELIVERY

Task	Date
Council approvals	
Preparation of tender/quotes	
Issuing of tender	
Site works commence	
Construction starts	
Project 50% complete	
Project completed	
Handover – final inspections	
Project Acquitted	

GST

Grant payments are payable to the applicant/grantee only. This may have taxation implications for grantees. If grantees wish specific advice relating to their grant, this can be obtained from the Australian Taxation Office (ATO). Please note depending upon the value of the project and/or grant, the ATO may require an organisation be registered for GST. If the applicant is registered for GST, the grant is grossed up with the GST amount.

PRIVACY STATEMENT AND STATEMENT OF DISCLOSURE

The Organisation acknowledges and agrees that this Application and information regarding it is subject to the *Freedom of Information Act 1992* and that the Grantor may publicly disclose information in relation to this Application, including its terms and the details of the Organisation.

Any information provided by you to DSR can be accessed by you during standard office hours and updated by writing to DSR or calling (08) 9492 9700. All information provided on this form and gathered throughout the assessment process will be stored on a database that will only be accessed by authorised departmental personnel and is subject to privacy restrictions.

DSR may wish to provide certain information to the media for promotional purposes. The information will only include the applicant's club name, sport, location, grant purpose and grant amount.

APPLICANT'S CERTIFICATION

I certify that the information supplied is to the best of my knowledge, true and correct.

Name: _____

Position Held: _____

Signature: _____

Date: _____

LODGEMENT OF YOUR APPLICATION

- Applications should be stapled or clipped at the top left-hand corner. Please do not bind.
- It is recommended that you photocopy your completed application form, including attachments for your own records and future audit purposes.
- All attachments and supporting documentation (see next section) should be clearly identified and securely attached to the application form.

The following documentation must be included with your application. Applicants may wish to supply additional RELEVANT information.

<input type="checkbox"/>	Application form.
<input type="checkbox"/>	Incorporation Certificate.
<input type="checkbox"/>	Two written quotes.
<input type="checkbox"/>	If your project involves the upgrade of an existing facility, include photograph/s of this facility.
<input type="checkbox"/>	Locality map, site map and building plans (in relevant constructions projects), including where the proposed facility is located in relation to other sport and recreation infrastructure.
<input type="checkbox"/>	Income and expenditure statements for the current and next financial years. (LGAs exempted).
<input type="checkbox"/>	Written confirmation of financial commitments from other sources including copies of council minutes.
<input type="checkbox"/>	For resurfacing projects, a written guarantee from the supplier of the product that clearly identifies the product's life expectancy.
<input type="checkbox"/>	Itemised project cost for components and identified on the relevant quote for each (including cost escalation).
<input type="checkbox"/>	For floodlighting projects, a lighting plan must be supplied showing lux, configuration and sufficient power supply

Your application will be considered not eligible, if:

- You have not discussed your project with the Department of Sport and Recreation and your State Sporting Association.
- You do not meet the eligibility criteria for the grant category to which you are applying.
- You have not included with your application all the relevant required supporting documentation. There is no onus on Department staff to pursue missing documentation.
- Applicants/projects that have received a CSRFF grant in the past and have not satisfactorily acquitted that grant. In some cases this may apply to localities where other significant projects have not been progressed or have not completed a previous project in accordance with the conditions of the grant provided. An assessment will be made and if no physical progress has occurred, new applications may not be recommended.
- It is not on the correct application form.
- The project for which application is made is specifically excluded from receiving CSRFF support.

DEVELOPMENT BONUS APPLICANTS ONLY

If you applied for a CSRFF grant for more than one third of the cost of the project, please provide evidence of meeting at least one of the following criteria.

You MUST contact your local DSR office to determine eligibility before applying.

Category	Details
Geographical location	<input type="checkbox"/> Regional/Remote location <input type="checkbox"/> Growth Local Government
Co-location	<input type="checkbox"/> New <input type="checkbox"/> Existing
Sustainability initiative	<input type="checkbox"/> Water saving <input type="checkbox"/> Energy reduction <input type="checkbox"/> Other
Increased participation	<input type="checkbox"/> New participants <input type="checkbox"/> Existing participants – higher level <input type="checkbox"/> Special interest <input type="checkbox"/> Other

PROJECT FUNDING

Source of funding	\$ Amount ex GST	\$ Amount inc GST		Funding confirmed Y / N	Comments to support claim (please attach relevant support)
Local government			LGA cash and in-kind		
Applicant cash			Organisation's cash		
Volunteer labour			Cannot exceed applicant cash and LGA contribution – max \$50,000		
Donated materials			Cannot exceed applicant cash and LGA contribution		
Other State Government funding					
Federal Government funding					
Other funding – to be listed			Loans, sponsorship etc		
CSRFF requested			up to 1/3 project cost		
Development Bonus			Up to ½ project cost		
b) Total project funding					
*Note: If the funding approved is less than funding requested for this project, or the project is more expensive than indicated in this budget, where would the extra funds be sourced from?					

GST

Grant payments are payable to the applicant/grantee only. This may have taxation implications for grantees. If grantees wish specific advice relating to their grant, this can be obtained from the Australian Taxation Office (ATO). Please note depending upon the value of the project and/or grant, the ATO may require an organisation be registered for GST. If the applicant is registered for GST, the grant is grossed up with the GST amount.

FINANCIAL SUMMARY

a) Total project expenditure (ex GST)	
b) Total project funding	
c) Project variance*	

*Balance between a) and b) should be \$0

PROJECT ASSESSMENT SHEET

This page is for the use of the relevant Local Government Authority to be used for both community and LGA projects. Please attach copies of council minutes relevant to the project approval.

Name of Local Government Authority:
Name of Applicant:

Note: The applicant's name cannot be changed once the application is lodged at DSR.

SECTION A

The CSRFF principles have been considered and the following assessment is provided:
(Please include below your assessment of how the applicant has addressed the following criteria)

All applications

	Satisfactory	Unsatisfactory	Not relevant
Project justification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access and opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial viability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-ordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential to increase Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Development applications only

	Satisfactory	Unsatisfactory	Not relevant
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Interest Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B

LGA – priority ranking of this project	
Priority ranking of no of applications received	of applications received
Is this project consistent with the	<input type="checkbox"/> Local Plan <input type="checkbox"/> Regional Plan <input type="checkbox"/> State Plan
Have all planning and building approvals been given for this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what approvals are still outstanding?	

Project Rating (Please tick the most appropriate box to describe the project)

- A Well planned and needed by municipality
- B Well planned and needed by applicant
- C Needed by municipality, more planning required
- D Needed by applicant, more planning required
- E Idea has merit, more planning work needed
- F Not recommended

LGA comments:

Signed

Position

Date

Applications for CSRFF funding must be submitted to your Department of Sport and Recreation office by **4pm on the last working day in March**. Late applications cannot be accepted in any circumstances.

DSR Offices

PERTH OFFICE

246 Vincent Street
Leederville WA 6007
PO Box 329
Leederville WA 6903
Tel: (08) 9492 9700
Fax: (08) 9492 9711

PEEL

Suite 3
The Endeavour Centre
94 Mandurah Terrace
PO Box 1445
Mandurah WA 6210
Tel: (08) 9550 3100
Fax: (08) 9550 3199

PILBARA

2/3813 Balmoral Road
PO Box 941
Karratha WA 6714
Tel: (08) 9182 2100
Fax: (08) 9182 2199

SOUTH WEST

80A Blair Street
PO Box 2662
Bunbury WA 6230
Tel: (08) 9792 6900
Fax: (08) 9792 6999

GREAT SOUTHERN

22 Collie Street
Albany WA 6330
Tel: (08) 9892 0100
Fax: (08) 9892 0199

GASCOYNE

4 Francis Street
PO Box 140
Carnarvon WA 6701
Tel: (08) 9941 0900
Fax: (08) 9941 0999

GOLDFIELDS

106 Hannan Street
PO Box 1036
Kalgoorlie WA 6430
Tel: (08) 9022 5800
Fax: (08) 9022 5899

KIMBERLEY – Kununurra

Government Offices
Cnr Konkerberry Drive and
Messmate Drive
PO Box 1127
Kununurra WA 6743
Tel: (08) 9166 4900
Fax: (08) 9166 4999

WHEATBELT - Northam

298 Fitzgerald Street
PO Box 55
Northam WA 6401
Tel: (08) 9690 2400
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WHEATBELT – Narrogin

Government Offices
Level 2, 11-13 Park Street
Narrogin WA 6312
Telephone 0429 881 369
Facsimile (08) 9881 3363

MID-WEST

Cnr Edwad & Horwood Rds
PO Box 135
Geraldton WA 6531
Tel: (08) 9956 2100
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KIMBERLEY – Broome

Unit 2, 23 Coghlan Street
PO Box 1476
Broome WA 6725
Telephone (08) 9195 5750
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Mobile 0438 916 185