



Shire of Capel

2024-2025 Community Budget Submissions

Project Summary

Community Group Applicant _____

Contact Name _____

Phone _____

Email _____

Submission Title _____

Amount Requested \$ _____

Total Project Cost \$ _____

OFFICE USE ONLY			
APPROVED	Y / N	\$ _____	OR % up to \$ _____

SUBMISSION DEADLINE – 4.30 pm Friday 9 February 2024

If you have any queries regarding this form, please email – Samantha Chamberlain, Director Community and Corporate – samantha.chamberlain@capel.wa.gov.au

Please return the completed application form and any accompanying documentation to the above email address by the submission deadline – **4.30 pm Friday 9 February 2024.**

Contact Details

Community Group Name	
Contact Person	
Position Held	
Postal Address	

Financial Information

Does your organisation have an ABN?	Yes No		ABN Number	
Is your organisation registered for GST?	Yes No		GST Registration Date	
Bank Account Name				
Bank & Branch Name				
BSB				
Account Number				

Is your organisation Not-for-Profit?

YES / NO

(Please attach a copy of your Certificate of Incorporation)

Project/Submission Description

Provide a description of your project/submission.

Provide details of who will benefit from your budget submission?

Are you working with any other local community groups, businesses or service providers regarding this submission? If yes, provide details.

Proposed Budget

INCOME (inc. GST)	
Details of funding sourced from other organisations (e.g. private business, sponsorship, fundraising, donations)	
Shire Contribution Requested	\$
Community Group Cash Contribution	\$
Community Group In-Kind Contribution (volunteer labour)	\$
Other Funding i.e. Sponsorship (please attach documentation)	\$
TOTAL PROJECT INCOME/FUNDING	\$

EXPENDITURE (inc. GST)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL EXPENDITURE	\$

Authorisation

The authorised person signing this application should be an executive member, i.e. president, vice-president, secretary, treasurer or the like.

I, (name) _____

Certify I hold the position of _____

I am authorised to submit this application on behalf of the organisation YES/NO

Signed: _____ Date: _____

Application checklist

Please ensure you attach the following to your application (if applicable):

1. Quotes from suppliers
2. Copy of your Certificate of Incorporation
3. Copy of Current Statement of Financial Position
4. Details of other funding i.e. sponsorship