



ABN 78 531 150 466

Grant Application Information Pack

Includes:

“How to Complete Your Application”

The Application Form

Lotterywest Grant Conditions

Please ensure that:

- **You are using our most recent Application Form, Information Package & Additional information Form (where applicable). Available at: www.lotterywest.wa.gov.au/grants , and**
- **You complete all application requirements. Refer to pages 2 and 12 of this document for more information.**

The complete Application Form, Grant Conditions, Additional Information Form (where applicable) and attachments should be sent to:

**General Manager
Grants and Community Development
Lotterywest
P O Box 1113
OSBORNE PARK WA 6917**



HOW TO COMPLETE YOUR APPLICATION FOR A GRANT

TALKING TO LOTTERYWEST

Lotterywest's goal is to provide the best service possible. Please read the Information Packages, Additional Information and the attached Application Form to familiarise yourself with what is required and then speak to a member of our grants team for any assistance.

PLEASE NOTE:

- **ORGANISATIONS NOT LEGALLY INCORPORATED OR NOT REGISTERED FOR GST CAN RECEIVE SINGLE OR MULTIPLE GRANTS WITH A COMBINED TOTAL OF UP TO \$15,000 IN ANY ONE FINANCIAL YEAR.**
- **APPLICATIONS SHOULD BE FOR MORE THAN \$1,000.**
- **WE RECEIVE SO MANY APPLICATIONS THAT YOU MUST ALLOW AT LEAST 4 MONTHS FOR YOUR APPLICATION TO BE PROCESSED AND APPROVED.**
- **APPLICATIONS CONSIDERED THROUGH A GRANT ROUND MAY TAKE LONGER.**

GENERAL

You must provide your application for a grant on the Lotterywest Application Form and, if relevant, Additional Information Form for the grant area you are applying under. Please do not alter the order of the material or format of the application.

You do not have to complete question 3.2 Summary of the Request if you complete an Additional Information Form.

Please do NOT bind the application form.

You must check that you are eligible to apply for a grant if your request is to support a service that has been or may be awarded through a government led tender process or a negotiated contact. You must also contact Lotterywest prior to submitting your tender or grant application. You can access the Lotterywest Policy for Grants Supporting Tendered or Contracted Services on our website: www.lotterywest.wa.gov.au/grants

PLEASE NOTE: We cannot accept e-mailed applications. You may lodge applications by mail, or in person. Grant Round applications must be received or postmarked no later than the closing date.



GRANT APPLICATION FORM

PART 1: APPLICANT ORGANISATION DETAILS

This section must be completed by **ALL** applicants. Lotterywest requires the official **NAME** of your organisation and the popular name if applicable. Handwriting is acceptable

1.1 – ORGANISATIONAL DETAILS

Official name of applicant organisation: _____

(This must be the same as it appears on the Certificate of Incorporation if incorporated)

Also known as (if applicable): _____

Street address: _____

Postal address: _____

_____ **Post Code:** _____

Phone: _____ **Fax:** _____

Organisation's E-mail: _____

Website Address: _____

Does your organisation have an Australian Business Number (ABN)? Yes No

If yes, please provide your Australian Business Number (ABN):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If not providing an ABN please refer to the special ABN declaration in the Lotterywest Special Grant Conditions.

Are you a GST Registered Organisation? Yes No

Please note: Organisations not registered for GST are limited to single or multiple grants with a combined total of up to \$15,000 in any one financial year.



If approved, your grant may be paid by Electronic Funds Transfer (EFT). Please provide details of your organisation's **main operating account**.

Account Name: _____

BSB Number:

Account Number:

Bank Name: _____

Please note: That this section must be completed for each application. Details must be provided to confirm the organisation's bank details, even if they have been previously supplied.

1.2 – CONTACT DETAILS

Title and Name of the most appropriate person to discuss this application

Position title: _____ **Title: Mr/Mrs/Ms/Dr** _____

Name: _____

Phone: _____ **Mobile:** _____

Fax: _____ **E-mail:** _____

Availability – When is the best time to contact you? _____

1.3 – SERVICE DETAILS

If your organisation manages more than one service, please provide the name of the service for which a grant is requested: _____

If this service operates at a different address from the above, please provide details including a local contact who can discuss this application:

Contact Name: _____ **Position title:** _____

Street address: _____

Postal address: _____

_____ **Post Code:** _____

Phone: _____ **Mobile:** _____

Fax: _____ **Email:** _____



1.4 -TENDERED AND CONTRACTED SERVICES

Will this request support any service that has been, or maybe awarded through a government led tender process or negotiated contract? Yes No

If yes please provide details of the service, commencement date and contracting agency.

PART 2: YOUR ORGANISATION

2.1 THIS SECTION REQUESTS INFORMATION ABOUT YOUR ORGANISATION, WHAT IT DOES, FOR WHOM AND WHERE.

What is the primary purpose of your organisation? _____

What is your main target group? _____

How many people receive services directly from your organisation (per year)? _____

How many additional people, in the wider community, receive an indirect benefit from your organisation (per year)? _____

When was your organisation established? (year) _____

Number of members _____ Membership fee \$ _____

Eligibility for membership _____



Number of paid staff _____ Number of volunteers _____

Who owns the premises from which you operate your service? _____

Is your organisation incorporated?

Yes No

If your organisation is NOT incorporated, what would happen to any equipment etc. in the event of the group winding up?

Is this your organisation's first application for a Lotterywest grant?

Yes No

Has Lotterywest previously assisted your organisation?

Yes No

Date of last grant _____ Amount \$

Purpose of the grant _____

Were all grants properly acquitted?

Yes No

(Failure to acquit grants may jeopardise future grants)

Has your organisation changed its name since your last request?

Yes No

If so, please state previous official name _____



2.2 - YOUR ORGANISATION'S INCOME

Organisation (or service as identified in Part 1) Funding for the current year (if known) <small>(Please provide the name of the person you regularly deal with.) (Attach a list if there is insufficient space to identify ALL sources of income)</small>	Operating Costs	Capital
Federal Govt Dept of _____ <i>Contact</i> <i>Tel:</i> _____	\$ _____	\$ _____
State Govt Dept of _____ <i>Contact</i> <i>Tel:</i> _____	\$ _____	\$ _____
Local Govt area of _____ <i>Contact</i> <i>Tel:</i> _____	\$ _____	\$ _____
Income from other sources eg. fees, fundraising (please specify which) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

2.3 - GEOGRAPHICAL INFORMATION

What geographical area does your organisation serve? Please tick box or identify area by name.

Regional area of _____

Local Govt area of _____

Town of _____

Metropolitan suburb of _____

All of Metropolitan area

State Wide



PART 3: YOUR REQUEST

3.1 – SPECIFIC REQUIREMENTS

Some of our grant initiatives have specific requirements.

Please read the Information Package and, where relevant, Additional Information Form VERY CAREFULLY.

Where provided, Additional Information Forms give our preferred format for the provision of further information for a particular grant area or type of grant. **The Grants listed below ALL require additional information**, either through an Additional Information Form or an attachment, which must be provided with the Lotterywest Application Form.

Please visit our website at www.lotterywest.wa.gov.au/grants to access grant information or ring Lotterywest on 9340 5270 or 1800 655 270 to ask for information to be sent to you.

The term **Aboriginal**, is used broadly in this Grant Application Form in describing the first Australians, and should be taken to mean Australian Aboriginal; Torres Strait Islander, and Indigenous peoples.

Extending the Capacity of Not-For-Profit Organisations

- Overview of General Grant Opportunities.

Strengthening Community Service Delivery

- Overview of General Grant Opportunities.
- Emergency Relief Grants.
- Telecentre Grants.

Enhancing Community Development Initiatives

- Overview of General Grant Opportunities.
- Gordon Reid for Youth Grants.
- Aboriginal Project Grants.

Valuing Our State's Heritage

- Overview of General Grant Opportunities.
- Conservation of Cultural Heritage Grants.
- Interpretation of Cultural Heritage Grants.
- Conservation of Natural Heritage Grants (where appropriate).
- Community Histories Grants

Advancing Participation in Community Life

- Overview of General Grant Opportunities.
- Community Events and Celebrations Grants.
- Gordon Reid Regional Performing Arts Grants.
- Special Initiatives Grants.
- Active Participation Grants.

We also require additional information for the following types of grant requests:

- Service Accommodation and Community Facilities Grants.
- Project Grants.
- Vehicles Grants.
- Information Technology Grants.
- Research Grants.

The Independent Living Centre WA now manages Disability Equipment Grants. Information about these grants can be accessed at the following web site address www.ilc.com.au or by telephoning the Independent Living Centre on 9381 0600.



3.2 – SUMMARY OF THE REQUEST

Please note: You do not need to complete section 3.2 if you have completed an Additional Information Form. We cannot assess your application if this section is not completed and you have not provided an Additional Information Form.

What will you use the Grant for? _____

What are the expected benefits? _____

How many people will benefit and who are they? _____



3.3 - REFEREES

Please give details of **independent referee(s)** to whom Lotterywest staff can speak about your services/project and about this application. **These referees cannot be members of your organisation or its Board. Referees may include relevant peak or umbrella bodies.**

Name:	Position	Organisation	Phone No:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: That Lotterywest reserves the right to make such enquiries as we consider appropriate in the assessment of your application and may contact others than those nominated.

3.4 - PROPOSED FUNDING SOURCES

Please note: That all organisations are expected to make a contribution to the cost of their proposal, according to their capacity. Contributions in kind should be listed.

Total cost of this proposal	\$ _____
Amount contributed by your organisation	\$ _____
Contribution in kind eg. value of volunteer labour	\$ _____
Amount from other sources (please specify which)	\$ _____
Amount requested from Lotterywest*	\$ _____

* For organisations registered for GST, the requested amount must not include the GST on goods or services to be purchased.

* For organisations not registered for GST, the requested amount may include the GST on goods and services if an organisation would find it difficult to meet the costs of the GST component.

Please indicate the date that you plan to start using the grant _____

If the request is for an event or celebration, please indicate the date _____

Check the Community Events and Celebrations Grants Information Package for details of deadlines and timeframes.

Please ensure you allow enough time for your application to be assessed and the decision advised to you – this generally takes 4 months and may be longer for grant rounds.



3.5 – DETAILS OF REQUEST BUDGET

List, in order of priority, all items that you are requesting from Lotterywest, giving the cost of each item. If there is not enough space in the table below, please attach a complete, itemised budget.

Please note: You do not need to complete section 3.5 if you have completed a budget in an Additional Information Form.

Attach copies of two (2) written quotes for all items over \$3,000. For items under \$3,000 provide either one (1) written quote or a written estimate. Low value, miscellaneous items can be grouped together (to \$1,000).

Item(s)/services requested	1 st Quote			2 nd Quote		
	Total cost of item	GST	Cost less GST	Total Cost of item	GST	Cost less GST
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

It is expected that the preferred quote will be for the lower price unless there are particular reasons to do otherwise. Where the more expensive quote is preferred, evidence must be provided to support this decision.

Please tell us where significant items will be stored _____



PART 4: GRANT ACKNOWLEDGMENT

Lotterywest believes that it is important to acknowledge Lotterywest grants and the benefit they provide to the Western Australian community

While this is not a factor in deciding whether your application will be approved, it would be helpful to know what activities you would be prepared to undertake to acknowledge a Lotterywest grant for your organisation. If a grant is approved, we will advise you of the acknowledgment strategies we encourage you to undertake.

Place permanent Lotterywest signage (decals, labels, plaques) on building, vehicle or equipment

Place temporary Lotterywest signage (banners, signs, flags) at your launch or event, or in association with your project

Acknowledge Lotterywest by displaying the Lotterywest logo on all printed and audio visual material produced for the project

Develop an acknowledgment strategy in collaboration with the Lotterywest Corporate Communications Team

Liaise with your local media

Other (please specify) _____

Please contact a member of our grants team for further information about grant acknowledgment. You may also find information about Grants Acknowledgment on the Lotterywest website: www.lotterywest.wa.gov.au/grants

PART 5: REQUIRED INFORMATION

CHECKLIST FOR REQUIRED INFORMATION

Please complete the checklist below to ensure that you have included all the information required for Lotterywest to accept and assess your application.

We need proof of your organisational and financial stability.

Incorporated or other legally constituted organisations, must provide the following with every application. These documents must be forwarded with every application in order to comply with public sector records management standards, and for your application to be progressed. Of the following documents Local Government Authorities only need to supply a copy of their latest Annual Report .

- The latest **Annual Report** of the organisation.
- Copy of the current **Certificate of Incorporation or equivalent**
- Copy of the latest **Constitution or equivalent**.
- Most recent audited **Financial Statements, for both the organisation and the service**.

NB. In some instances Lotterywest will accept financial statements that are prepared by the Treasurer but are not audited. Please discuss with a member of our grants team prior to submitting your application.

Unincorporated organisations, must provide the following with every application. These documents must be forwarded with every application in order to comply with public sector records management standards, and for your application to be progressed.

- Copies of the minutes** of your last two Board or Committee meetings.
- Any other documentation that provides evidence of your organisation's role & function eg. Constitution, Annual Reports, press clippings etc.
- Copy of a recent **Bank Statement**, as an official document confirming your organisation's name.
- Most recent **Financial Statements (audited accounts, bank statement or Treasurer's report)**.

GRANT CONDITIONS

The grant, if approved, will be provided under the following terms and conditions:

1. The grant is to be used solely for the specified purpose approved by us during the grant period.
2. Any part of the grant funds that are not used in accordance with Condition 1. must be repaid to us unless you obtain our written approval.
3. If you cease carrying out the activities for which the grant was made or if we have terminated the arrangement on account of your breach or breaches of these Conditions then:
 - (a) the balance of the grant monies unspent must be repaid to us; and
 - (b) any property acquired with the grant monies must be transferred to another not for profit organisation with similar objects and purposes to your organisation, provided our prior approval has been given.
4. Providing you with a grant does not mean that you are entitled to any further funding.
5. We will not be held responsible for the success of the approved purpose for which the grant is applied or for any losses or additional costs incurred that are associated with the approved purpose.
6. You must comply with all Local, State and Commonwealth laws applicable to the approved purpose.
7. If you wish to change the approved purpose or seek an extension of the grant period you must obtain our prior written approval.
8. If you breach any of these terms and conditions, we can terminate the arrangement at any time and without giving you any prior notice.
9. You must provide us with any documents or information relating to the grant or the approved purpose that we ask for within ten (10) business days of receiving our request. All documents and information provided must be accurate, complete, up-to-date and be in no way misleading.
10. You must meet any payment conditions and/or reporting requirements as specified by us.
11. You must allow the Auditor General for the State of Western Australia, or his authorised representative, to have access to and examine your records and information concerning this grant.
12.
 - (a) You must provide progress reports, evaluation reports and financial statements in the manner specified.
 - (b) You must keep proper financial records in accordance with generally accepted accounting principles and practices. Such records must be accurate, complete, up-to-date and be in no way misleading.



13. The total payment provided by us includes an amount to cover any liability for GST, if applicable.
14. If a GST registered entity:
 - (a) For the purposes of clause 13. please note that we are required by the Australian Taxation Office to use the following clause:
 - (i) "GST" means the goods and services tax applicable to any taxable supplies as determined by the GST Act; and
 - (ii) "GST Act" means *A New Tax System (Goods and Services Tax) Act 1999 (Cth)* and includes all associated legislation and regulations;
 - (iii) the terms "supply", "tax invoice", "taxable supply" and "value" have the same meanings as the GST Act.
 - (b) If the supply of anything under this Agreement is a taxable supply under the GST Act, the payment(s) shall be inclusive of GST.
 - (c) Where a GST registered organisation, the parties hereby agree that the Grantor will issue the Organisation with a Recipient Created Tax Invoice (RCTI), and that:
 - (i) the Grantor will issue a RCTI in respect of GST payable on the supply of the Project or Item(s) and the Organisation will not issue tax invoice in respect of that supply;
 - (ii) the Organisation warrants that it is registered for the purposes of GST and will continue to be registered for the purposes of GST for the life of the grant;
 - (iii) the Grantor warrants that it is registered for the purposes of GST and the Grantor will notify the Organisation in writing if it ceases to be registered for the purposes of GST, or if it ceases to satisfy the requirements of the GST Act during the Term; and
 - (iv) the Grantor will indemnify and keep indemnified the Organisation for GST and any related penalty that may arise from an understatement of the GST payable on the supply of the Project or Item(s) for which the Grantor issues a RCTI under this Agreement.
15. In particular circumstances, special conditions may also need to be considered (see next page).

NB: Refer to the Lotterywest Special Condition clause 2. for our ABN requirements (next page).



LOTTERYWEST SPECIAL CONDITIONS

1. You authorise Lotterywest to act as an agent on behalf of your organisation should grant payments be made, at the organisation's request or as a condition of the grant, to a third party.
2. If an ABN has not been provided you declare that the organisation:
 - 2.1. Is not eligible for an ABN because you do not meet the definition of 'enterprise' for tax purposes; or
 - 2.2. Has an 'exempt income' status; or
 - 2.3. The application for an ABN has been rejected by the Tax Office.
3. All relevant records for the grant will be kept for a period of seven (7) years, and will be made available for audit at any time.
4. Lotterywest is under no obligation to verify bank details provided by you. In signing the Acceptance of Grant Conditions declaration you, as the signatory, are verifying that the details provided are for an account that is held in the name of the Organisation.
5. You will advise promptly in writing any changes in bank details. The Chairperson or their authorised delegate will sign this advice.
6. You will acknowledge Lotterywest in the manner set out in the Grant Approval advice.

Please Note: If you are not sure about your organisation's GST or ABN status contact the Australian Taxation Office or your Accountant.



ORGANISATION DECLARATION

- I declare that I am currently authorised to sign legal documents on behalf of the organisation. *
- I declare that all the information provided is true and correct.
- I give permission to the Lotteries Commission, trading as Lotterywest, to contact any persons or organisations in the assessment of the application and understand that information may be provided to other agencies, as appropriate.
- I agree to the above grant conditions in the event that a Lotterywest grant is approved to my organisation.

*** IMPORTANT: The application must be signed by the person legally able to enter into contracts on behalf of the organisation. For incorporated organisations this is generally the Chairperson, President or equivalent officer. For Local Government Authorities this is generally the Chief Executive Officer. The application may be signed by a formally authorised delegate, according to the organisation’s constitution or as bound by law.**

Where the Agreement is signed by a delegated officer, current documentation authorising such a delegation of authority, signed by the Chairperson, President or equivalent officer, must be attached to these Conditions. If the delegation is ongoing, a photocopy of the documentation must be submitted with each request, to confirm that the authority is still current. Please call us if you are unsure about delegation requirements (Ph: 08 9340 5270 or 1800 655 270).

**OUR ACCEPTANCE OF YOUR APPLICATION WILL BE DELAYED
IF YOUR APPLICATION IS NOT CORRECTLY SIGNED.**

Signature * _____ Date _____
(Chairperson/President/or Delegated Authority)

Name _____ Title (Mr/Mrs/Ms/Dr) _____

Position _____

Name of Applicant Organisation _____

Address _____

_____ Post Code _____ Phone _____

PLEASE NOTE An original signature is required on this document.

We cannot accept e-mailed applications. You may lodge applications and supporting documents by mail, or in person.

Grant round applications must be received or postmarked no later than the closing date.

End of document