

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines: [SoH Grant-Guidelines](#) and discussed your project with the Grants Coordinator

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 important 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 us @ grants@harvey.wa.gov.au

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

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) **the Shire of Harvey**
- your organisation is able to demonstrate financial viability
- your organisation does not owe any reports or money to the Shire of Harvey as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- you have discussed this project with the Shire of Harvey Grants Coordinator

Please input the support ticket number provided by the Grants Coordinator *

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

☐ Yes

Contact Details

*** indicates a required field**

Applicant Details

Organisation name *

Organisation Name

Make sure you provide the same name that is listed in official documentation.

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 *

e.g., Manager, Director 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 contact details

Organisation Address (if not postal address)

Address

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Organisation Email

Must be an email address.

Organisation Website

Must be a URL.

Organisation Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Auspice Information and key documents

* indicates a required field

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Please note: If your organisation is NOT an incorporated organisation, you are required to supply the details of an auspicing organisation on this page.

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

☐ Yes

☐ No

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

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.

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Position held in organisation *

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

Auspice primary contact primary phone number *

Must be an Australian phone number.

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Key documents

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Please attach a copy of your Public Liability Insurance. Auspiced applicants must attach the auspice's insurance details *

Attach a file:

Please attach a copy of your Certificate of Incorporation. Auspiced applicants must attach the auspice's certificate *

Attach a file:

Project Details

* indicates a required field

Project title *

Must be no more than 25 words.

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

Anticipated start date *

Anticipated end date *

Please provide a short description of your initiative *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries) and what you will do (i.e. the activities you will perform). Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

The following assessment questions, together with the submitted project budget, will be reviewed and scored by the Community Grants Assessment Panel to determine the suitability of your initiative for funding.

Each question is weighted according to its importance within the overall assessment criteria. Applicants are encouraged to provide clear, detailed responses and supporting evidence where relevant.

To be successful, applications in the Shire of Harvey Community Grant Program must meet at least one of the objectives from the Shire of Harvey [Council Plan 2025-2035](#)

Describe how your project aligns with the priorities and objectives of the Shire of Harvey Council Plan 2025-2035. (Weighting: 30%)

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Applicants should reference the relevant sections of the Council Plan and demonstrate how the project contributes to the achievement of Council's strategic direction. Strong responses will provide a clear and direct relationship between the project and the identified Council Plan priorities.

Describe the need, issue, or opportunity this initiative will address. (Weighting 15%)

Describe the community need, issue, gap, or opportunity that your initiative seeks to address, including who is affected and why it is important. Support your response with evidence where possible, such as community consultation, survey results, demographic data, participation trends, service demand, waiting lists, research, reports, or other relevant statistics.

Explain how the proposed activities will address the identified need and achieve the intended outcomes. (Weighting 15%)

Explain how the outcomes of this initiative will address the need identified above. Demonstrate the connection between the proposed activities and the outcomes you expect to achieve, including any anticipated benefits for participants and the broader community.

Please describe how your project demonstrates collaboration with other groups, organisations, or community members. (Weighting 10%)

Your response should outline how partners or community members have been involved in the planning or co-design of the project and any confirmed partnerships

What experience does your organisation have in delivering this type of project? (Weighting 10%)

Outline how your organisation has the capability, governance, experience, and resources to successfully deliver the project.

Project Budget

* indicates a required field

This section will be scored and carries a weighting of **20%** of the overall assessment. The project budget should be clear, realistic, and directly linked to the proposed activities and outcomes. Applicants should demonstrate that the requested funding will be used efficiently and represents good value for money.

Consideration will be given to contributions from other sources, including cash sponsorship, fundraising, volunteer labour, donated goods, services, or other in-kind support. Strong applications will demonstrate how the project will deliver meaningful and lasting benefits to the community relative to the overall project cost and clearly justify all proposed expenditure.

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Project Budget (Income)

Please do not enter a dollar sign (\$), as this will be added automatically by the system.

When entering figures, please do not use commas. For example, enter **1000** rather than **1,000**. The system will automatically format numbers with commas where required.

Please include all anticipated sources of income for the project or event. Examples may include ticket sales, merchandise sales, a Shire of Harvey grant, other grant funding, sponsorship, fundraising income, and your organisation's financial contribution.

Please ensure all amounts are entered excluding GST.

Income description	Income type	Is this funding confirmed?	Income amount (GST exclusive)	Notes
Provide a clear description for each income item. Examples of income could include 'Alcoa grant', 'raffle revenue', 'ticket sales' etc.	Please select the type of income		Enter the total amount expected to be received excluding GST. Must be a dollar amount.	Add notes if you need to provide more context

Please ensure that your budget is balanced.

The total income and total expenditure should present as the same figure.

Total Amount Requested *

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

Total Project/Program Cost *

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below.

Please do not enter a dollar sign (\$), as this will be added automatically by the system.

When entering figures, please do not use commas. For example, enter **1000** rather than **1,000**. The system will automatically format numbers as required.

Please provide all anticipated expenditure associated with the project or event. Examples may include catering, audio visual equipment, security, traffic management, venue hire, marketing, and other related costs.

For each expenditure item, please indicate in the notes whether the expense will be covered, in whole or in part, by the Shire of Harvey grant.

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Please ensure all amounts are entered excluding GST.

Expenditure description	Expenditure type	Expenditure amount (GST exclusive)	Notes. Please indicate whether the expense will be covered, in whole or in part, by the Shire of Harvey grant.
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Provide clear descriptions for each budget item. Examples of expenses could include 'catering', 'venue hire', 'marketing', etc.'	Please select the type of expenditure.	Enter the total amount to be expended on this budget item excluding GST. Must be a dollar amount.	Add notes if you need to provide more context.

Budget Totals

Please ensure that your budget is balanced.

The total income and total expenditure should present as the same figure: **Income minus Expenditure MUST be zero**

Total Income Amount *

This number/amount is calculated.

Total Expenditure Amount *

This number/amount is calculated.

Please outline any in-kind contributions your organisation will provide to support this initiative. In-kind contributions are non-cash resources or services that contribute to the delivery of the project

Examples may include; event planning and coordination, event set-up and pack-down, marketing and promotional activities etc.

In-kind hours

Must be a number.

Please list the amount of in-kind hours your organisation will undertake

File upload

To support your application, please upload any relevant information, including quotes, surveys, statistics, photographs, or other documentation that may assist in the assessment process.

Attach a file:

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

Name of authorised person *

Title

First Name

Last Name

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

Position *

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

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

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.

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.

