**SHIRE OF BROOME COMMUNITY DEVELOPMENT FUND 2025**

**STREAM TWO: EVENTS SEEKING A FUNDING CONTRIBUTION OF $1,000 - $40,000**

**FUND GUIDELINES**

This application form is for **Stream two: events $1,000 - $40,000**. If you are applying for one of the other streams please click [here](https://www.broome.wa.gov.au/Community/Community-Services/Community-Funding-Programs#section-3) to return to the website and download the relevant form.

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| **APPLICANT DETAILS** | | | |
| **Organisation Name** |  | | |
| **Incorporation Status** | Incorporated ☐ | | Non- Incorporated ☐ |
| **If not incorporated, please provide details of auspice arrangement** |  | | |
| **What is the mission of your organisation?**  *Maximum 150 words* |  | | |
| **Is your organisation based in:**  *Tick one* | * Beagle Bay * Bidyadanga * Broome | * Djarindjin * Lombadina * Other \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **If your organisation is based outside of the shire boundaries, please indicate which local partners you have secured and how they will help support you to achieve local impact:** |  | | |
| **Contact name and position** |  | | |
| **Contact Number** |  | | |
| **Contact Email** |  | | |
| **Organisation Address** |  | | |
| **Australian Business Number (ABN)** |  | | |
| **GST Registered** | Yes ☐ | | No ☐ |
| **Does your organisation operate on a not-for-profit basis?** | Yes ☐ | | No ☐ |

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| **EVENT DETAILS** |  |
| **Total Amount Requested from the Shire of Broome (ex GST)** | **$** |
| **Total cash contributed by applicant or other funders (ex GST)** | **$** |
| **In-kind contribution by applicant or partners** | **$** |
| **Total event cost**  *Including in-kind* | **$** |

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| **Event focus/genre:** *tick ONE* | | | | |
| **Community** |  | **Arts** |  |  |
| **Sport** |  | **Youth development** |  |  |
| **Economic impact** |  | **Other (specify)** |  | |

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| **Event Name** |  |
| **Short event description**  *Maximum 150 words****.***  *If successful, this may be used on the Shire website and/or released to the media.* |  |
| **Event outline**  *Maximum 500 words.*  *Tell us about your event. What are you doing or delivering? What is the concept? Who are the key contributors?**Describe your approach and the planned activity.* |  |

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| **Event Start Date** |  |
| **Event End Date** |  |

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| **Which of the following fund priorities will your event aim to address?**  *Tick all that apply*  *For more information, please see ‘Section 2: Fund Priorities’ of the fund guidelines* | | | |
| **Children and Young people** |  | **Economic Impact** |  |
| **Community Safety** |  | **Social Impact** |  |
| **Event outcomes and measures**  Maximum 400 words  *Which outcomes will your event achieve? How will your event address the fund priorities? (You do not need to meet all of them, but you must ensure you identify how you meet at least one of them).*  *Include detail as to how you will measure outcomes.* |  | | |

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| **Event Milestones**  *Your proposed event should be well planned with activities such as engagement, implementation and evaluation clearly planned for. Please indicate how your event will be delivered within the proposed time frame (add additional rows if required).*  *Note you can expect to be advised of the outcome of the application in May for events starting in July.* | |
| **Event stage or milestone** | **Timeframe** |
| *e.g.: Notify stakeholders and start event application* | *July* |
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| **Stakeholders and Partners**  *Please provide details of groups/organisations involved in this event. E.g.: As event partners, providing resources or if they have been consulted. Add additional rows if required.* | | | |
| **Organisation/agency** | **Involvement** | **Contact name** | **Contact number** |
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| **Target Audience/ Participants/ Beneficiaries**  *Tick all that apply* | ☐ Children (12 years and under)  ☐ Young people/youth (12-18 years)  ☐ Women  ☐ Men  ☐ The LGBTQI+ community  ☐ Older People (55+ years)  ☐ Aboriginal and Torres Strait Islander people  ☐ People from culturally and linguistically diverse (CALD) backgrounds  ☐ People with a disability  ☐ Low-income families  ☐ Other (please specify below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PROJECT BUDGET**

**Please complete the tables below, adding additional rows if required.**

**Income**

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| **Source** | **Amount** | **Confirmed / Unconfirmed** |
| *Example: Ticket Sales* | *$4,000 ($20 per ticket, estimated 200 attendees)* | *Unconfirmed* |
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| **TOTAL:** |  |  |

*Any expense over $2,000 for which funding is requested from the Shire of Broome must be accompanied by a corresponding written quote.*

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| **Expense** | **CDF funding requested** | **Other cash or grants** | **In-kind contribution** | **Source of other cash or in-kind contributions** *Include whether source is confirmed or unconfirmed* |
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| **TOTAL:** |  |  |  |  |

***Expense budget example***

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| ***Project item*** | ***Amount of Shire funds requested*** | ***Other cash/grants contributed*** | ***In-kind contribution*** | ***Source of other cash or in-kind contributions*** *Include whether source is confirmed or unconfirmed* |
| ***Catering*** | ***$500*** | ***$500*** | ***$0*** | ***$500 grant secured from X - Confirmed*** |
| ***Promo materials*** | ***$200*** | ***$300*** | ***$0*** | ***$300 cash contributed by organisation*** |
| ***Equipment hire*** | ***$300*** | ***$0*** | ***$0*** |  |
| ***Venue Hire*** | ***$0*** | ***$0*** | ***$1000*** | ***Venue hire provided in-kind by X. $1000 is the cost should the venue space be hired.*** |
| ***TOTAL:*** | ***$1000 Shire of***  ***Broome funds requested.*** | ***$800 cash/grants provided by the applicant.*** | ***$1000 is provided towards the project in-kind.*** |  |

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| **Are you seeking multi-year (2 or 3-years) funding?** | Yes ☐ | No ☐ |
| If YES, please explain how you plan to leverage this investment over 3 years to attract new revenue, funding or sponsorship in order to reduce future reliance on the Shire. |  | |

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| **OTHER DETAILS** | | |
| **Supporting Documentation**  *Please list all supporting documentation attached to your application*  *Including: quotes, letters of support, evidence of auspicing arrangement (if applicable) evidence of required permissions etc.* | 1 |  |
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| **Application Checklist**  *Please list all supporting documentation attached to your application (quotes, copy of incorporation status, letters of support, evidence of consultation etc.)* | ☐ Completed all sections of the application, including a detailed event budget  ☐ Included a financial statement for the most recently completed financial year (an audited financial statement may be requested)  ☐ Included evidence of public liability insurance (Certificate of Currency)  ☐ Provided quotes for any purchase over $2,000  ☐ Included letters of support from community groups and / or other organisations  ☐ Retained a copy of this application for your records | |

For enquiries please contact Shire of Broome on (08) 9191 3456 or shire@broome.wa.gov.au.

**Please return your completed application form via email to [shire@broome.wa.gov.au](mailto:shire@broome.wa.gov.au) by 4.00pm 20 March 2025. Late applications will not be accepted.**

**SHIRE OF BROOME COMMUNITY DEVELOPMENT FUND**

**APPLICANT ORGANISATION DEMOGRAPHIC SURVEY**

**The completion of this section is entirely optional. This page will be removed from your application prior to assessment and your answers will not be considered during the assessment process.**

**Your answers to these questions will support the Shire to understand the reach of the Community Development Fund and to diversify the pool of applicants, supporting the dissemination of funding equitably across people of varied demographics within the shire boundaries.**

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| **DEMOGRAPHIC SURVEY** | |
| **Do you or any of your organisation’s leadership team and/or board members identify as:**  *tick all that apply* | * First Nations * People with disability * Culturally and Linguistically Diverse * Youth (24 years and under) * LGBTQIA+ * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Would rather not say * None of the above |
| **Please indicate the number of members of your organisation’s leadership team and/or board that fall within each age range:**  *e.g.:*  *1 25-39 years*  *3 55-75 years* | \_\_\_\_ 18 – 24 years  \_\_\_\_ 25 – 39 years  \_\_\_\_ 40 – 54 years  \_\_\_\_ 55 – 74 years  \_\_\_\_ 75 years and over |
| **Please indicate the number of members of your organisation’s leadership team and/or board that identify with the following gender identities:** | \_\_\_\_ Female  \_\_\_\_ Male  \_\_\_\_ Gender diverse /non-confirming  \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Prefer not to answer |