

Sample: Playgroup WA Grant Application Form

Please fill in the form to submit your grant application. You can save and continue at any stage, just scroll down and click "Save and Continue later". Should you have any questions please contact us on 9228 8088.

Grant Application Form

Step 1 of 3

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1. What is the name of your playgroup/organisation?

Valley Playgroup

2. Who did you work with at Playgroup WA to develop this application?

Name of Playgroup WA staff member you've liaised with e.g. Michelle Roberts

Tell us about your Playgroup:

3. Please indicate which best describes your playgroup/organisation: (if incorporated please provide a copy of your certificate of incorporation or current constitution)

(if incorporated please provide a copy of your certificate of incorporation or current constitution)

- Incorporated Association
 Unincorporated Playgroup
 Other (please specify)

4. Please provide your playgroup/organisation's Australian Business Number (ABN) if applicable.

ABN

5. Is your playgroup registered for GST?

- Yes
 No

6. Please provide details of your playgroup's/organisations main operating bank account. Please provide a current bank statement with this application.

Our playgroup/organisation does not have a bank account.

Note: If you do not have a bank account PGWA can assist with purchasing toys and equipment on your behalf (conditions do apply).

Account Name: *(Required)*

Valley Playgroup

BSB Number: *(Required)*

001-300

Account Number: *(Required)*

123456

Bank Name: *(Required)*

Bankwest

We can make electronic payments/EFT to pay suppliers from our playgroup bank account.

7. Are you a current Playgroup WA member?

- Yes
 No

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Yes

No

8: Playgroup Details

Please enter your playgroup's details:

Address *(Required)*

27 Green Street, Valley Heights

Postcode *(Required)*

6175

Email *(Required)*

valleyplaygroup@gmail.com

Website

When was your playgroup/organisation established (approximate if not known) *(Required)*

2015

Number of families *(Required)*

10

Number of sessions per week *(Required)*

2

9. Which best describes your venue arrangements?

Which best describes your venue arrangements? *(Required)*

- Our playgroup hires a space in a multi-use community centre or similar
- Our playgroup owns or leases its own premises
- Our playgroup meets in a school
- Our playgroup meets in an aged care service
- Another arrangement

10. Please provide the contact details of the authorized contact people for the playgroup. This must include your playgroup's Chairperson or leader. Please also provide a second contact person who we can contact if necessary.

Name *(Required)*

Jenny Johnson

Position/Role *(Required)*

Treasurer

Contact number *(Required)*

0412 345 678

Email *(Required)*

valleyplaygrouptreasurer@gmail.com

Alternate contact person:

Name *(Required)*

Susan James

Position/Role *(Required)*

Secretary

Contact number *(Required)*

0412 345 678

Email *(Required)*

valleygroupsecretary@gmail.com

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11. What is your playgroup's/organisation's main purpose?

We are a not-for-profit community playgroup providing weekly play and social opportunities for families with young children in our community to learn together through play. Our playgroup is focused on offering these opportunities for all families that want to participate by providing inclusive and affordable play experiences and playgroup sessions.

12. What is this grant for? How will the grant assist your playgroup? If the request is part of a larger project funded by multiple parties, please tell us about that.

We have lots of families with young babies joining our playgroup over the past year and would like to be able to provide better toys for this age group. Our existing toys are very old and lots of them are now broken. We would also like to be able to provide a comfortable couch for breastfeeding mothers to be able to use while feeding their babies.

We also want to upgrade our outdoor play area by adding a new climbing frame that is age and developmentally appropriate for our age groups. Our existing climbing frame is very old and has become dangerous for the children to play on.

13. Please estimate how many people will benefit from the toys, equipment or portable items for which you are grant?

- 1-40
- 41-100
- 101-300
- 301-500
- 501+

14. How many committee members and /or volunteers does your playgroup/organisation have?

- 1-5
- 6-10
- 11-20
- 21-50
- 51+

15. How many children attend your playgroup?

- 1-5
- 6-10
- 11-20
- 21-50
- 51+

16. Please provide details of an independent referee whom Playgroup WA can speak to about your playgroup and the application.

Name *(Required)*

Rosemary Bevan

Position/Role *(Required)*

Community Development Officer

Organisation *(Required)*

Valley Shire

Contact number *(Required)*

0412 345 678

Email *(Required)*

rosemary.bevan@valleyshire.wa.gov.au

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Proposed budget for this application:

17. Please outline your proposal's total cost either in the table below.

Please press the + button to add a new field

Click the "+" symbol each time you'd like to add a new line

Supplier	Item Description	Cost (inc gst)	
The Play Room	Baby toys & floor mats	560	⊕ ⊖
Harvey Norman	Couch	1285.75	⊕ ⊖
Modern Teaching Aids	Climbing Frame	850	⊕ ⊖

Single items over \$3000 need 2 quotes. Please ensure all amounts include GST

Total Cost:

\$2695.75

18. How is your playgroup contributing to the outcomes you are seeking to achieve?

In-kind contribution *(Required)*

Select all that apply

- Volunteer labour
- Project management
- Assembly of equipment
- Contributing funds
- Transporting equipment

19. Grant amount requested

A. Total cost of items to be purchased *(Required)*

2695.75 This must be the same amount as "Total Cost" at Q17

B. Total financial contribution from playgroup/organisation (if applicable)

0 If your playgroup isn't contributing funds, please leave as "0"

C. Total funds from other sources eg donations, other grants *(Required)*

0 If your playgroup isn't receiving funds from elsewhere, please leave as "0"

D. Total funds being contributed to overall purchases (Add B+C) *(Required)*

0

Note: If no funds being contributed enter 0

E. Total amount requested in this grant (A minus D) *(Required)*

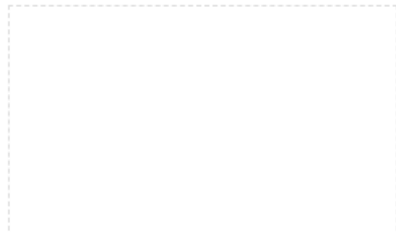
2695.75

20. Name and Signature of person submitting this application. If you are signing on behalf of an incorporated playgroup/organisation and you are not the Chairperson, please include a completed Delegation of Authority Form and submit with this application.

By submitting this application, on behalf of the playgroup, I agree to be bound by the Grant Terms and Conditions outlined below:

Name

Signature

A dashed rectangular box intended for a digital signature.

Use your mouse or finger tip
to sign your name



Date

Supporting Documents: Please ensure you submit the following with your application

Quotes from proposed suppliers *(Required)*

No file chosen

Max. file size: 50 MB.

Bank Statement (if applicable)

No file chosen

Max. file size: 50 MB.

Certificate of Incorporation or current constitution (if applicable)

No file chosen

Max. file size: 50 MB.

Delegation of Authority form (if applicable)

No file chosen

Max. file size: 50 MB.

Please ensure that you read the Terms and Conditions at the end of the form before submitting your application.