



CITY OF VINCENT

TOWN TEAM GRANTS

APPLICATION & ASSESSMENT FORM

TOWN TEAM GRANTS

The City of Vincent recognises that community funding provides a significant opportunity to work collaboratively with local town teams to deliver activities and initiatives which increase social interaction and participation.

Town Team Grants are designed to strengthen community connection, assist the town teams to improve the performance of Vincent's town centres and contribute to the town teams becoming more sustainable not-for profit entities.

Town Team Grants allow us to support town teams and the community led initiatives that help make our City vibrant, exciting, and unique.

OBJECTIVES

The Town Team Grants program aims to enable the town teams currently operating in the City to deliver town centre-related initiatives and/or initiatives that improve the sustainability of the town teams. Each town team is eligible for up to \$10,000 annually to fund eligible initiatives.

The City does not require a separate application for each initiative. Town teams are encouraged to submit one application detailing all initiatives per financial year where possible.

- Applications for the current financial year's funding pool **close 1 March**.
- Applications for the next financial year's funding pool **open 1 July**.

Before starting your application, please contact a Place Planner directly to discuss the proposed initiative.

ELIGIBILITY GUIDELINES & CRITERIA

The following town teams are eligible for this grant:

- Beaufort Street Network;
- Leederville Connect;
- Mount Hawthorn Hub;
- North Perth Local;
- Northbridge Common; and
- The Pickle District.

Successful grant applications should be associated with a town team Action Plan and/or strategic document and the City of Vincent **Strategic Community Plan Priorities**.

For more information about starting a town team in the City of Vincent, please contact Policy & Place at mail@vincent.wa.gov.au or **9273 6000**.

Initiatives that contribute to the vibrancy of the town centre or the sustainability of the town team will be considered such as:

- Streetscape improvements;
- Business development initiatives;
- Community event or activation;
- Town centre marketing initiative;

- Town Team Action Plan development;
- Community or business engagement;
- Town team website development and/or maintenance; and
- Town team insurances.

The City may also consider funding costs for external consultants or administrative professionals as part of delivering an initiative or improving the sustainability of the town team.

The following will not be considered for funding:

- Retrospective grant requests (the application must be received by the City before the initiative);
- Initiatives outside of the City of Vincent identified place boundaries, unless benefit to the place is clearly demonstrated;
- Initiatives which do not relate to the vibrancy of the place or sustainability of the town team; and
- Events or activations which are not free to attend.

ACQUITTAL

Financial acquittal and an evaluation report will be due within 30 days of the initiative being completed. If the initiative is ongoing a financial acquittal and an evaluation report is due 30 days after the grant funding has been spent.

All outstanding acquittals must be received before you are eligible for any further funding from the City of Vincent.

APPLICATION FORM

CONTACT DETAILS

Town Team	
Contact Name	
Address	
Email	
Phone	

ORGANISATION DETAILS

ABN		
Full legal name of Grantee		
The Grantee's nominated bank account into which the Grant is to be paid is		
Account Name		
BSB		
Account Number		
Is your organisation registered for GST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you need the Grant funds ahead of implementing the initiative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has all previous funding from the City, including Town Team Grants, been acquitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please provide details including amount and type of funding, and when previous funding will be acquitted		

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INITIATIVE DETAILS 1

If applying for multiple initiatives, please complete the following sections

Name of Initiative					
Date and time of Initiative		Start Time		End Time	
Location of Initiative					

If you are seeking funding for a community event or activation:

Will it be free to attend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a road closure be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a booking for a City facility be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No




Which elements best describe your initiative? Select all that apply:

<input type="checkbox"/>	Streetscape improvement	<input type="checkbox"/>	Art
<input type="checkbox"/>	Local History & Heritage	<input type="checkbox"/>	Town Centre Marketing & Branding
<input type="checkbox"/>	Business Development	<input type="checkbox"/>	Event or Activation
<input type="checkbox"/>	Town Team sustainability		

Please describe your proposed Initiative and how it will benefit your town centre.

How does this align with your Town Team Action Plan and/or other strategic documents?
Reference specific actions where possible.

Which City of Vincent Strategic Community Plan priorities does this initiative best align with and how?

<input type="checkbox"/>	 ENHANCED ENVIRONMENT	<input type="checkbox"/>	 ACCESSIBLE CITY	<input type="checkbox"/>	 CONNECTED COMMUNITY
<input type="checkbox"/>	 THRIVING PLACES	<input type="checkbox"/>	 SENSITIVE DESIGN	<input type="checkbox"/>	 INNOVATIVE & ACCOUNTABLE

Which **Public Health Plan** priority health outcomes does this initiative support and how? Select all that apply.

<input type="checkbox"/>	Increased healthy eating
<input type="checkbox"/>	Increased mental health and wellbeing
<input type="checkbox"/>	Increased physical activity
<input type="checkbox"/>	Reduced harmful alcohol use
<input type="checkbox"/>	Prevent and control of communicable diseases
<input type="checkbox"/>	Reduced exposure to ultraviolet radiation

Please provide a minimum of three (3) measurable outcomes and what would be considered a success for each initiative in this application. You will be required to report on these outcomes in an acquittal following the initiative's completion.

Outcome 1	
Outcome 2	
Outcome 3	
Outcome 4 (optional)	

ADMINISTRATION GRANT ASSESSMENT COMMENT

INITIATIVE DETAILS 2

Name of Initiative					
Date and time of Initiative		Start Time		End Time	
Location of Initiative					

If you are seeking funding for a community event or activation:

Will it be free to attend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a road closure be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a booking for a City facility be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which elements best describe your initiative? Select all that apply:

<input type="checkbox"/>	Streetscape improvement	<input type="checkbox"/>	Art
<input type="checkbox"/>	Local History & Heritage	<input type="checkbox"/>	Town Centre Marketing & Branding
<input type="checkbox"/>	Business Development	<input type="checkbox"/>	Event or Activation
<input type="checkbox"/>	Town Team sustainability	Road Closure Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe your proposed Initiative and how it will benefit your town centre.

How does this align with your Town Team Action Plan and/or other strategic documents?
Reference specific actions where possible.

Which City of Vincent Strategic Community Plan priorities does this initiative best align with and how?

<input type="checkbox"/>	 ENHANCED ENVIRONMENT	<input type="checkbox"/>	 ACCESSIBLE CITY	<input type="checkbox"/>	 CONNECTED COMMUNITY
<input type="checkbox"/>	 THRIVING PLACES	<input type="checkbox"/>	 SENSITIVE DESIGN	<input type="checkbox"/>	 INNOVATIVE & ACCOUNTABLE

Which **Public Health Plan** priority health outcomes does this initiative support and how? Select all that apply.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Increased healthy eating |
| <input type="checkbox"/> | Increased mental health and wellbeing |
| <input type="checkbox"/> | Increased physical activity |
| <input type="checkbox"/> | Reduced harmful alcohol use |
| <input type="checkbox"/> | Prevent and control of communicable diseases |
| <input type="checkbox"/> | Reduced exposure to ultraviolet radiation |

Please provide a minimum of three (3) measurable outcomes and what would be considered a success for each initiative in this application. You will be required to report on these outcomes in an acquittal following the initiative's completion.

Outcome 1	
Outcome 2	
Outcome 3	
Outcome 4 (optional)	

ADMINISTRATION GRANT ASSESSMENT COMMENT

INITIATIVE DETAILS 3

Name of Initiative				
Date and time of Initiative		Start Time		End Time
Location of Initiative				

If you are seeking funding for a community event or activation:

Will it be free to attend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a road closure be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a booking for a City facility be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No






Which elements best describe your initiative? Select all that apply:

<input type="checkbox"/>	Streetscape improvement	<input type="checkbox"/>	Art
<input type="checkbox"/>	Local History & Heritage	<input type="checkbox"/>	Town Centre Marketing & Branding
<input type="checkbox"/>	Business Development	<input type="checkbox"/>	Event or Activation
<input type="checkbox"/>	Town Team sustainability	Road Closure Needed?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please describe your proposed Initiative and how it will benefit your town centre.

How does this align with your Town Team Action Plan and/or other strategic documents?
Reference specific actions where possible.

Which City of Vincent Strategic Community Plan priorities does this initiative best align with and how?

<input type="checkbox"/>	 ENHANCED ENVIRONMENT	<input type="checkbox"/>	 ACCESSIBLE CITY	<input type="checkbox"/>	 CONNECTED COMMUNITY
<input type="checkbox"/>	 THRIVING PLACES	<input type="checkbox"/>	 SENSITIVE DESIGN	<input type="checkbox"/>	 INNOVATIVE & ACCOUNTABLE

Which **Public Health Plan** priority health outcomes does this initiative support and how? Select all that apply.

<input type="checkbox"/>	Increased healthy eating
<input type="checkbox"/>	Increased mental health and wellbeing
<input type="checkbox"/>	Increased physical activity
<input type="checkbox"/>	Reduced harmful alcohol use
<input type="checkbox"/>	Prevent and control of communicable diseases
<input type="checkbox"/>	Reduced exposure to ultraviolet radiation

Please provide a minimum of three (3) measurable outcomes and what would be considered a success for each initiative in this application. You will be required to report on these outcomes in an acquittal following the initiative's completion.

Outcome 1	
Outcome 2	
Outcome 3	
Outcome 4 (optional)	

ADMINISTRATION GRANT ASSESSMENT COMMENT

BUDGET & FINANCIALS

What is the total amount sought from the City of Vincent?

Please provide an itemised breakdown of the budget for each initiative included in this application. Attach a separate budget to this application if necessary. If seeking funding for services and products you will need to provide a copy of at least two quotes and explain why the preferred supplier was chosen.

Initiative 1

Budget

Total

Initiative 2

Budget

Total

Initiative 3

Budget

Total

RECOGNITION OF CITY FUNDING

As a recipient of the Town Team Grant, successful organisations will be required to acknowledge the support of the City as follows, where applicable:

- The City must be acknowledged in a prominent place on all promotional material (e.g. posters, flyers, web page, etc.), media releases, advertisements, and footage.
- The City must be acknowledged in all public announcements of the program.
- The City must be acknowledged in the organisation's annual report, and any written material in relation to the project.
- Use the City of Vincent logo in accordance with the City of Vincent Style Guide (available upon request from the City)
- Issue an invitation to the Mayor / elected members to any launch or public event associated with the funding, and if they are able to attend, they are acknowledged as official guests. Where practicable, they should be afforded the courtesy of publicly addressing the event.

GRANT ACQUITTAL

The following will be required for each initiative included in this application upon acquittal

- Completed acquittal form (provided by the City of Vincent)
- Copies of promotional material, such as media releases, social media posts, posters, and others (if applicable)
- Photos of the initiative or completed deliverable
- Copies of expenditure invoices as per the approved budget allocation
- A certified financial statement of expenditure as per the approved budget allocation

DECLARATION

I confirm that:

- If my application is successful, I will ensure recognition of city funding/contractual requirements as mentioned above;
- At the completion of the initiative I will provide an acquittal within 30 days;
- I have provided all required supporting documents (e.g. supplier quotes);
- The information contained herein is to the best of my knowledge, true and correct.

Name	
Position	
Organisation	
Signature	
Date	

Please return this application form to Place Planning either in person, post or email.

- 244 Vincent Street (corner Loftus Street), Leederville 6902
- Policy & Place, City of Vincent, PO Box Leederville WA 6902
- mail@vincent.wa.gov.au (subject: Town Team Grant)

For more information regarding this grant program, please contact a Place Planner (Policy & Place) at mail@vincent.wa.gov.au or 9273 6000.

ADMINISTRATION GRANT ASSESSMENT

Date Application received	
All required documents are attached	
Do the proposed initiatives align with the City's Purchasing Policy and procurement practices? How do they present value for money?	
I approve / do not approve this application for the Town Team Grant.	
Name	
Position	
Signature	
Date	