Community Insurance Grant - Declaration

* indicates a required field

Community Insurance Grant

Please note the Eligibility Criteria for the City's Grants & Sponsorship programs before starting your application - see the relevant Guidelines on the <u>Grants & Sponsorship</u> page on the <u>City of Perth</u> website.

Applicants are required to meet the following eligibility criteria when applying within the Community Insurance Grant program:

- be an incorporated not-for-profit within the City of Perth local government:
 - resident or ratepayer association; or
 - neighbourhood group; or
 - local community group.
- have its members living or working in or adjacent to the neighbourhood or suburb it represents;
- be able to demonstrate a minimum of 12 months previous expenditure on appropriate insurance cover;
- be able to demonstrate an annual or on-going program of activity which seeks to engage residents and ratepayers;
- be able to demonstrate that the groups objectives allow for longevity beyond resolution of a single issue or cause;
- provide a copy of the Certificate of Incorporation for not-for-profit association; and
- have submitted a grant application prior to purchasing the insurance policy that funding is being requested for.

The City will not consider applications from:

- Commonwealth or State Government Departments;
- a political party;
- a religious body;
- an applicant that the City considers to support, promote or facilitate violence, intolerance or discrimination;
- an employee, contractor or elected members of the City, or their immediate family;
- an applicant that has outstanding debts to the City;
- an applicant who is in legal conflict with the City;
- an applicant that has failed to provide satisfactory acquittal reporting for any previous City funding;
- an applicant that has already received City funding (including in-kind) for the same project within the same financial year;
- an applicant that conducts themselves in a way the City considered to be injurious or prejudicial to the character or interests of the City;
- an applicant who has the option to affiliate to a peak body or state/national organisation with insurance provisions (i.e., sporting (clubs); or
- an applicant that is not recognised as a City of Perth community or neighbourhood association or group.

The City will not consider applications for the following projects or project expenses:

- where the City considers the primary purpose to be political;
- that the City considers denigrate or exclude parts of the community or have an adverse effect on public health, safety, the environment or heritage;
- that request reimbursement of funds already spent;
- that are for debt reduction or operational deficits; or
- legal expenses.

The City of Perth will not support recurrent operational funding, including, but not limited to wages, salaries, or administrative overheads with the exception of eligible insurances under this program. Additional details on eligibility and other requirements are set out in the City's Sponsorship and Grants Policy. The applicant must review the Policy prior to submitting an application for grant funding and, to the extent of any inconsistency, the Policy takes precedence over this document.

If you have any questions please contact the City of Perth Sponsorship Officer on 08 9461 3333

I confirm that I have read and understoomith the application * O I confirm	od the eligibility criteria before proceeding	
I have allowed for eight weeks for the d ○ Yes	ecision and outcome process * O No	
Applicants are required to allow for eight weeks processing time from application submission date.		
Please note you are required to speak vensure application eligibility. *	vith a City of Perth Sponsorship Officer to	
○ Yes	○ No	
Name of Sponsorship Officer at the City your application *	of Perth with whom you have discussed	

Organisation Details

* indicates a required field

Applicant *

Organisation Name			
Applicant Contact * Title First Name Last Name			
Applicant Contact Position			
Applicant Contact Primary Phone Number *			
Applicant Contact Primary Phone Number *			
Must be an Australian phone number.			
Applicant Contact Primary Email *			
Must be an email address.			
Applicant Primary Website			
Must be a URL.			
Does your association have an ABN? * ○ Yes ○ No			
Applicant Office Address * Address			
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.			
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

Program Information and Criteria

* indicates a required field

Types of policies covered under the program

The Community Insurance Grants program accepts applications for the following types of insurance policies:

- · Public and Product Liability;
- Volunteer Personal Accident; and
- Association Liability.

Key Dates

Applications for the Community Insurance Grants program open in July 2023 and can be submitted at any time during the financial year, however decisions will be made on a case-by-case basis in line with budget and strategic priorities.

Applicants should allow up to 8 weeks for a decision.

This grant operates as exhaustive funding, and the City reserves the right to close the program once the available budget has been expended.

Funding Levels Available

Total funding per eligible community or neighbourhood group is limited to a maximum of \$5,000 per annum.

Maximum Contribution

The maximum contribution of grant funding provided by the City is 100% of the total insurance premium costs (within the funding limit of \$5,000).

Assessment Criteria

Eligible applicants for a Community Insurance Grant will be assessed against the extent to which the applicant can address the following criteria.

Essential Criteria

Applicants are required to demonstrate how the association will deliver benefits to the residents and ratepayers within the City of Perth local government area. *

Applicants are required to provide the org as not-for-profit association: * Attach a file:	ansiatons Certificate of Incorporation
Applicants are required to supply a copy o clearly outlines the core function/purpose Attach a file:	
Provide evidence of previous insurance co Attach a file:	ver. Minimum of 12 months required. *
E.g. previous insurance policy	
Please provide two quotes for each insurar reputable (APRA regulated issuer/ interme Insurance Brokers Association) insurance	diary that is listed within the National
Preferred Quote *	
Attach a file:	
Secondary Quote * Attach a file:	
Applicants are to demonstrate evidence of activity which seeks to engage residents a of events, programming list or similar.	
Select how you wish to provide the above	
O Upload form	Complete within form
Provide detail on annual or on-going progresidents and ratepayers. *	am of activity which seeks to engage

Upload detail on annual or on-going pro residents and ratepayers. *	ogram of activity which seeks to engage
Attach a file:	

Certification and Feedback

* indicates a required field

Privacy Notice

City of Perth pledges to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment</u> (<u>Enhancing Privacy Protection</u>) <u>Act 2012</u>. To view our privacy statement, <u>click here</u>.

Confidential Information

Please note that the City of Perth must comply with the *State Records Act 2000* (WA), *Local Government Act 1995* (WA) and other relevant legislation and regulations in regard to retaining information and making information available to the general public.

An assessment of your application will form part of the decision recommendation report which may be subject to Freedom of Information (FOI) requests.

Successful applicants may be listed on the City's website.

If you have included any confidential information as part of your application, please make this known to the Sponsorship Officer so that this information can be treated as Commercial-in-Confidence.

Conditions of Funding

City of Perth Grants and Sponsorship Agreement

Successful applicants will be required to accept the terms and conditions of the funding as outlined in the City of Perth's Grants and Sponsorship agreement. The Grants and Sponsorship Agreement is a standard legal document, amendments can not be made to the terms and conditions of the agreement.

Please follow the links to view the standard City of Perth <u>Sponsorship Agreement</u> or <u>Grant Agreement</u> templates.

i agree and understand that a	imename	ents can no	t be m	nade to the star	idard
agreement * O Yes		○ No			
Grants and Sponsorship A	cquittal				
Successful applicants will be required to acquit the insurance policy for which they have been funded.			hey have		
If successful, the applicant agrees Acquittal reports will be considered		•	-		ue date.
l agree *					
Lobbying of Elected Meml	pers and	d Adminis	trativ	ve Staff	
Applications or anyone represent to influence the decision-making the period between submitting a the CEO, an applicant or any mer or administrative staff, or attemp indirectly, on any matter relating disqualified and the sponsorship as	of Elected funding ap nber of the ts to provi to the fun	Members and polication and public seek de additional ding applica	nd adn d a de ks to lo ll infor tion, t	ninistrative staff. Stermination by Co Obby any Elected mation, either dir he person/organis	If, during ouncil or Member rectly or sation will be
In the event supplementary information please contact your Sponsorship					Members,
I agree *					
Certification					
This section must be completed by applicant association (may be different).				•	
I certify that to the best of my application are true and corre association is approved for the and conditions of the funding	ect, and I is fundin	understand g, we will b	d that be req	: if the applican uired to accept	t
I agree *	0				
Authorised Applicant Contact *	○ IndivideOrganisate	ual tion Name	○ Org	ganisation	
	Title	First Name		Last Name	

Authorised Applicant Contact Position *		
Contact Position *		
Authorised Applicant Contact Primary Phone Number *	Must be an Australian phone number.	
Authorised Applicant Contact Primary Email *	Must be an email address.	
Application Feedback		
You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few minutes to provide some feedback to the City of Perth Sponsorship team so we can continually improve our application form and process.		
How did you hear about this i		
□ Previous recipient□ City of Perth website	☐ City of Perth event☐ Advertising	
☐ City of Perth social media (Fac		
Twitter, LinkedIn)		
☐ City of Perth newsletter☐ Referral/word of mouth	☐ Internet search	
	d the online application process:	
Very easyEasy		
○ Neutral		
DifficultVery Difficult		
Very Billieur		
How many minutes in total did it take you to complete this application?		
Must be a number. Estimate in minutes i.e. 1 hour = 60	minutes	
Estimate in minutes i.e. 1 flour – 00 minutes		
Please provide the City of Perth with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.		