### WA Bike Month Grant Application

\* indicates a required field

Thank you for your interest in WA Bike Month.

You can participate in WA Bike Month by applying for a grant or registering an unfunded event. Please use this form to apply for a WA Bike Month Grant. Visit <u>WA Bike Month</u> to register an unfunded event. You are required to complete this form for each grant you wish to apply for.

Before completing this application form, ensure that you have read and understood the:

- WA Bike Month Grant Guidelines available at WA Bike Month;
- associated agreements; and
- reporting you will be required to complete should your application/s be successful.

Incomplete applications and/or applications received after the closing date of Sunday, 30 June 2024 at 5:00 pm, will not be considered.

If you have any questions please read the WA Bike Month Grant Guidelines on the <u>WA Bike Month</u> website or contact WestCycle's WA Bike Month team at (08) 6336 9688 or info@westcycle.org.au.

### WA Bike Month objectives

All grant applications will be assessed by an industry panel led by WestCycle, in relation to how the proposed event intends to achieve one or more of the following objectives:

- 1. Promote and encourage bike riding for transport, fun and for a healthier lifestyle.
- 2.Increase awareness and use of new and existing bike infrastructure, bike routes (i.e. the cycle network), and local facilities you can get to by bike.
- 3. Encourage new, novice and rusty riders of all ages and abilities to go for a bike ride.

### Confirmation of grant eligibility

#### I confirm that the applicant ...

- has read and understood the WA Bike Month 2024 Grant Guidelines
- can demonstrate alignment between the WA Bike Month objectives and their event.
- is a representative of local government authorities, a school, workplace, tertiary education institutions, parents and citizens' associations, community groups, bike groups, and or not-for-profit organisations.
- is not an individual, political organisation, or State Government agency.
- is located in Western Australia.
- has current event public liability insurance with a minimum cover of \$5 million.

Please select below: *	
○ Yes	○ No

You must confirm that all statements above are true and correct before progressing with this application.

#### Contact details

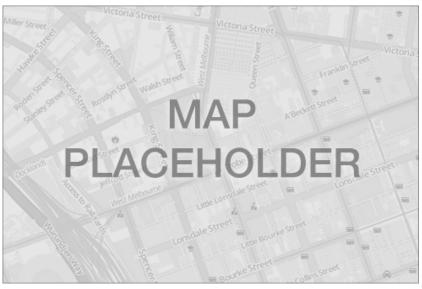
\* indicates a required field

#### Privacy notice

We will uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* 

### Applicant type

Are you applying as Individual Organisation Name	an individual or on l ○ Organisation	behalf of an organis	ation? *
First Name	Last Name		
For organisations: please is listed in official docume			provide the same name that
Individual applica	nt notice		
Please note that individ	duals, not linked to an	organisation, are inelig	gible for a grant.
About your organ	isation		
Department/Branch/	Faculty		
Use this field only if relev	ant.		
<b>Organisation addres</b> Address	ss *		



Bourke Street	lins Street
Organisation postal address * Address	
Organisation website *	
Must be a URL.	
Organisation phone number *	
Must be an Australian phone number.	
Organisation email address *	
Must be an email address.	
Applicant details	
Applicant Project Contact * First Name Last Name	
Last Name	
Applicant Contact Position *	
Applicant Contact Number *	

Applicant Contact Email *
Must be an email address.
Grant administrator
Grant administrator
Are you the person who will be responsible for administering the funds? *
O Yes
No - Please advise who will be administering the funds below. Is the applicant the main contact person for this grant?
Grant administrator contact details
Dulmany Courts at Dataile *
Primary Contact Details * First Name Last Name
This is the person we will correspond with about this grant.
Position held in organisation. *
e.g., Manager, Board Member 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

### Type of organisation \*

- Local government
- Workplace
- School
- Tertiary education institution
- Not-for-profit organisation
- Community group
- Bike group

### WA Bike Month schools

Would you like to receive a free WA Bike  Yes	• Month stamp to celebrate bike riders? *
O No	
<b>Does your organisation have an Australia</b> ○ Yes	an Business Number? *  O No
Applicant ABN *	
The ABN provided will be used to look up the 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 informa	<u>ition</u>
ACNC Registration	
Tax Concessions	
Main business location	
As you do not have an ABN, please submit a content with your application, otherwise 48.5 per cent Download the form from the ATO website.	
Please upload completed Statement of S	upplier Form: *
Attach a file:	
Max 25mb per file uploaded	
What is your incorporation number? *	
Must be a number. Incorporated Association or Australian Company Nu	umber
Is your organisation registered for GST?  ○ Yes	*
Does your organisation have event publi	c liability insurance? *

○ Yes	○ No
Please note	
Please note that your organisation must have least \$5 million to be considered for a grant. email info@westcycle.org.au for any question	please contact WestCycle at (08) 6336 9688 or
Public liability insurance	
How much is your public liability cover?	*
\$ Must be a dollar amount and at least 5000000.	
Please upload your certificate of current Attach a file:	cy. *
Grant agreement contract	
If your application is successful, do you Contract within two (2) weeks of your grown Yes  No	agree to return a signed Grant Agreement ant being awarded? *
Grant agreement contract	
Please note, that if you have selected 'No', yo	ou cannot be considered for a grant.
Event details and objectives	
* indicates a required field	
Event suppliers	
WestCycle is responsible for the assessment only. The Applicant acknowledges that the W Department of Transport cannot be employed third-party provider for Grantee Events, as the	estCycle and any entity acting on behalf of the d, provide support, advice or contribute as a
Event name	
What is your event name? *	

Event date *
Must be a date.
Recurring event dates (if applicable)
Must be a date and between 1/10/2024 and 31/10/2024.
Recurring event dates (if applicable)
Must be a date and between 1/10/2024 and 31/10/2024.
Event time(s) *
Please use 12-hour clock format (PM or AM)
Event location * Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Please provide an event description *
Must be between 20 and 400 words.  Provide a short description (100 words recommended) of your project - what are you out to do?
Grant assessment criteria
* indicates a required field
Grant assessment criteria
Which WA Bike Month objectives will your event seek to achieve? *  ☐ Promote and encourage bike riding for transport, fun and for a healthier lifestyle.  ☐ Increase awareness and use of new and existing bike infrastructure, bike routes (i.e., the cycle network), and local facilities that you can get to by bike.  ☐ Encourage new, novice and rusty riders of all ages and abilities to go for a bike ride.  At least 1 choice must be selected.

For each objective you selected, please describe how your event will aim to achieve it.  $\ensuremath{^{\ast}}$ 

Word count: Must be between 20 and 250 words.
Please describe the steps you will take in the lead up to plan for a successful event, including securing internal organisational and community support. *
Word count:  Must be between 20 and 250 words.  Include in this section information about your strategies for providing the inputs (staff/volunteers time/expertise, equipment, facilities, education, capacity building, advocacy, etc.) and how you will deliver this event within the proposed timelines. Provide information also about any past wor that may demonstrate your organisation's capacity to undertake this event. Provide links to furth explanatory material if available/relevant.
Please describe your plan to promote attendance at the proposed event. *
Word count: Must be between 20 and 250 words. Which channels will you use to promote your event? How will you ensure that your event is well-attended?
How will you make your event fun, engaging and provides attendees with a
memorable experience? What innovation will you incorporate in your event?
Word count: Must be between 20 and 250 words.
Explain how your event plan is unique and provides new approach to bike riding activities.
Grant details
* indicates a required field
Grant category
Which grant category are you applying for? *  ☐ Minor (up to \$500)  ☐ Local (up to \$2,000)  ☐ Major (up to \$7,000)
Attendee type
Is your event a private or public? *

<ul><li>Public</li><li>Private</li><li>Can members of the public attend y</li></ul>	our event?	
WA Bike Month webpage		
Would you like to have your   ○ Yes	event list on the WA	Bike Month event webpage? *
O No Listing your event on the WA Bike M We can also co-host your Facebook		rrage more people to attend your event vent.
How much WA Bike Month gr	ant funding are you	applying for? *
Must be a dollar amount. What is the total amount of funding	you are requesting in this	application?
If your organisation is succes purchase with the WA Bike M		hat services and items will you the specified activities? *
Word count: Must be between 20 and 250 words Please refer to the WA Bike Month G		e and ineligible expenditure items.
Major grant funding use		
Provide a detailed breakdow for your event. Include the e		to use the Major Grant funding use for each item. *
Word count: Must be between 20 and 300 words Please refer to the WA Bike Month G		e and ineligible expenditure items.
Declaration		
* indicates a required field		
Certification		
	d and understand the G	nts made within this application are rant Guidelines which can be found as terms.
l agree *	○ Yes	O No

Please provide		estions for improv	ements to the ap	oplication process/
Please indicat  ○ Very easy	•	nd the online app ○ Neutral	-	*  O Very difficult
Applicant fe	edback			