

Zig Zag AEDC Community Grant Application Form



AEDC Focused Activities up to \$500

(Funding of up to \$500 is available for activities that support or promote the Australian Early Development Census (AEDC))

Are you collaborating with another organisation? Yes No

If yes, please specify the organisation.

Conditions of Funding

Should financial assistance be provided, the Organisation agrees to the following conditions:

- » The financial contribution from the City of Kalamunda is not retrospective. Application forms must be submitted prior to project; reimbursement will not be given to groups if the project commences or is completed prior to City approval.
- » The financial assistance will be used only for the purpose for which it was given, unless otherwise agreed in writing by the City of Kalamunda.
- » The City of Kalamunda will be advised of any change in the project outlined in the Organisation's original financial assistance application before the project is progressed.
- » Your event or project should foster a welcoming, inclusive, and accessible environment (see point 5 for details).
- » The Organisation recognises that on some occasions, if financial assistance is approved, special conditions may be specified in the letter of approval. In this case, organisations will be required to agree in writing to these conditions before the financial assistance can be made.
- » The Organisation will acknowledge City of Kalamunda's sponsorship in all public communications and place the City of Kalamunda's logo on any signs, banners and printed material relating to the project.
- » The project/activity must be completed by 27 February 2026 and the organisation must provide a full acquittal of all funds provided by 31 March 2026.

1. Applicant Details:

Name of Organisation:

Contact Person First Name:

Last Name:

Role within the group/club:

Organisation address:

Postal address:

Telephone:

Email:

Email for group/club:

Incorporated: Yes No Year of Incorporation:

If Yes, please attach a copy of your Certificate of Incorporation. Please provide/advise if already provided updated copy of incorporation.

ABN:

Registered for GST: Yes No

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Does your group have Public Liability Insurance? Yes No

If yes, please provide an updated copy. Please advise/provide if already provided updated copy of insurance.

What is your current membership?

	Female Members	Male Members	Non-binary Members	Total Members	Total Volunteers
School aged (Yr 12 & under)					
General Membership 18-55's					
Seniors 55+					

Is your group able to manage and be accountable for the funding if successful? Yes No

Have you received funding from the City of Kalamunda in the last twelve months? Yes No

If you are not already a member, are you willing to commit to joining the Zig Zag Early Years Partnership? Yes No

If you answered **yes**, please provide details:

Organisations bank account details:

BSB number: Account Number: Account Name:

2. Proposed Project Details:

Project Title:

Date of Commencement:

Date of Completion:

Project Description: *(Please describe your project in detail)*

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3. PROJECT JUSTIFICATION:

Explain how you have identified the need for your project?

How will you measure the success of your project?
(eg: through participation numbers, participant feedback, or photos)

4. COMMUNITY BENEFIT:

Describe the long-term impact expected by your project.
(eg: improved social skills, confidence, physical development)

Describe how your project aligns with one or more of the AEDC domains?

Who is your target audience?

How many people are expected to benefit from your project?

How will this project be promoted with your group and broader community?

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5. ACCESS AND INCLUSION:

The City of Kalamunda is committed to ensuring that the community is welcoming, accessible and inclusive for everyone including people with disabilities, their families and carers.

Based on your identified target audience, what actions will you take within your project to ensure it is welcoming inclusive and accessible? *(For example, if aimed at parents with young children, will you ensure the venue you select has a changing room and pathways that allow for prams and pram storage? For people with a disability, is there ramp access? Will you have an AUSLAN signing interpreter; if hearing impaired, have microphones and sound system speakers? If targeting culturally and linguistically diverse communities, will your catering consider Halal or Kosher?)*

6. CONSULTATION:

Have you consulted with a City of Kalamunda staff member about your application? Yes No

Have you consulted with other organisations who may be affected or who could support you on this project and where relevant obtained their approval? (i.e. shared facility user groups) Yes No

If you answered **yes**, please give the names of such organisations:

Please attach any letters of support from other community groups or sports clubs.

7. FUNDING:

Please indicate in the table below how your project will be funded. In terms of the total project cost, you should make an allowance for cost increases over the period of the project as it is not possible to receive additional funding to meet that cost once the project has been approved.

Funding Source	Cost \$ (GST Inc)	Notes
Applicant's funding	\$	How much funding will your organisation contribute?
Voluntary labour	\$	The value of voluntary labour associated with your project. Note voluntary labour rates to align to DCITS guidelines.
Donated materials	\$	The value of donated materials you expect to secure.
Funding requested from the City of Kalamunda	\$	How much funding are you requesting from the City of Kalamunda?
Other funding	\$	How much funding have you secured from sources other than the City of Kalamunda?
Total Project Cost	\$	

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PROJECT BUDGET

Item (e.g. Advertising)	Cost \$ (GST Inc)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6. Voluntary Labour*	\$
7. Donated Materials	\$
Total Project Cost \$	\$

For significant goods or services you intend to purchase or hire, please attach a copy of the quote to your application.

*CITS base rate for voluntary labour is \$25 per hour.

8. CHECKLIST:

Please check your application against the table below and ensure all relevant criteria has been completed. If any criteria has not been completed, please supply a brief comment stating the reasons.

Criteria	Yes/No		Comments (If applicable)
Have you discussed this project with a City Officer? If so, who?	Yes	No	
Have you read the AEDC Community Grants Funding Information Pack?	Yes	No	
Have you completed the budget and attached details as outlined in the application form?	Yes	No	
Have you enclosed a copy of the quotes from a supplier/service provider?	Yes	No	
Has the application been endorsed by your organisation's committee?	Yes	No	
Have you consulted with community groups and individuals that may be affected by the project and where relevant sought their approval?	Yes	No	
Have you enclosed letters of support from other community organisations?	Yes	No	

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9. DECLARATION:

I hereby certify that I have been authorised to prepare and submit this application. The information contained herein is to the best of my knowledge true and correct. If successful, I understand that I must submit an acquittal within two months of this project's completion date.

Name (Block Letters):

Signature:

Position Held:

Date:

Please return your completed form to the City of Kalamunda:

Post: PO BOX 42 KALAMUNDA WA 6926

Email: enquiries@kalamunda.wa.gov.au