



Shire of Derby / West Kimberley

Kimberley Floods Community Recovery Quick Grants Application

Organisation Details

NB: Eligible organisations must have a physical presence within the boundaries of the Shire of Derby/West Kimberley

Organisation Name:			
Organisation Type: (Please select one)	Community and Non-Government		Commercial and Government
Is your organisation not-for-profit?	Is your organisation incorporated? (Please attach your Certificate of Incorporation)		

Contact Details

Name of Applicant:			
Position:			
Address:	Suburb:	Postcode:	
Postal Address:	Suburb:	Postcode:	
Mobile number:	Home:	Work:	
Email Address:			
Website:			
Contact During Activity:	Name:	Contact:	

Payment Information

Amount Requested : (max \$1500)	
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Is the organisation registered for GST? If yes, what is your Australian Business Number? (ABN): <input type="text"/> If no, please complete and attach a copy of the Statement by Supplier form.	Yes	No
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Payment Details

EFT	
Account Name:	
BSB:	
Account Number:	

Derby

(08) 9191 0999 | 30 Loch Street
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
 sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



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Use of Funds

Funding may be used for purposes related to flood recovery that would not usually be covered by insurance. This could include But is not limited to the following:

- Cleanup equipment (eg: rakes, shovels, PPE, tools)
- Consumables for volunteers (eg: food, water, snacks)
- Replacement goods/equipment (not covered by insurance)
- Freight costs
- Engagement of external services (eg: grant writing, financial advice/support, business planning/support, contractors)

NB: You may want to provide photographs to support your application (eg: damage, loss etc)

Please explain how you have been impacted by the Kimberley Floods

Please explain in detail how you will use the requested funding

Declaration

Important: Please read and sign this declaration for your application to be processed

1. I acknowledge that I am authorised to make this application on behalf of the organisation.
2. I acknowledge that the information in this application is true and correct
3. I acknowledge that I may be required to supply further information prior to consideration of this application by the Shire of Derby/West Kimberley.
4. I acknowledge that I will need to provide evidence of expenditure for acquittal purposes.
5. I provide permission for the Shire of Derby/West Kimberley to promote this Quick Grant as part of any communications and public relations activities.
6. Approval is solely at the discretion of the Director of Community Services (or delegate)

Signature of Applicant:

Date:

Return completed form to Shire Administration Office or email to mcd@sdwk.wa.gov.au

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