

Animal Welfare Grant Application

Form Preview

Application Information

* indicates a required field

The Western Australian Government is delivering on our commitment to improve the welfare of companion animals and wildlife through grants for not-for-profit activities that foster or rehome pets, rehabilitate wildlife, or provide low cost or free animal health and veterinary services.

The Animal Welfare Grant Program will offer grants of up to \$50,000 (Excl GST) to eligible organisations. The Grant Program, administered by the Department of Primary Industries and Regional Development (DPIRD), will run for 4 years, commencing in 2021-22 financial year. One round will run each financial year.

These grants recognise that companion animals play a significant role in the lives of Western Australians and are an example of the Government's continued commitment to improving the welfare of animals in WA.

Groups applying for funding for 2021/22 need to complete and submit this funding proposal by 5pm Friday 26 November 2021. Assistance with the preparation of proposals are to be directed to Zoe Martin by phone **08 9368 3657** or email **animal.welfare@dpiird.wa.gov.au**

Incomplete applications or applications received after the closing date will not be considered.

Program Guidelines

Before completing this application form, please ensure you have read and understood the Animal Welfare Grant Program Guidelines, available online at www.agric.wa.gov.au/animal-welfare-grant-program

I have read and understood the Animal Welfare Grant Program Guidelines *

Yes

Privacy Statement

Information provided by applicants or collected by DPIRD in relation to an applicant or their proposal may be used in the administration of the Animal Welfare Grant Program and in the assessment of this application.

Any information provided (personal, financial or otherwise) will be solely used for the purpose of the Animal Welfare Grant Program.

DPIRD will store personal information collected in this application, supporting documentation and any grant administration, monitoring and evaluation activities in compliance with its obligations under the *Privacy Act 1988* (Cth).

DPIRD is subject to the *Freedom of Information Act 1992 (WA)*, which provides a general right of access to records held by the State Government agencies and local governments

Animal Welfare Grant Application

Form Preview

I have read and understood the privacy statement and I consent to and authorise such uses and disclosures. *

Yes

Applicant Details

* indicates a required field

Name of the organisation applying for the grant or funding *

This should be the legal name of the organisation, or in the case of a sole operator, the name of the person.

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	

Please insert the Australian Business Number (ABN) not the Business Name.

Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant's postal address (if different to above)

Address

Website (if applicable)

Animal Welfare Grant Application

Form Preview

Must be a URL.

Business Entity Type *

Please choose one entity type through the drop down menu.

Is your organisation the party responsible for carrying out the proposed project with the legal right to carry out and control the project? *

Yes

No

Provide an overview of your organisation's governance arrangements and the type of work it undertakes *

If applicable, please attach any supporting document/s

Attach a file:

Types of documents you could upload in support of this application include: constitution, management framework, list of members on the board or committee'.

Please provide evidence of current public liability and/or professional indemnity insurance status *

Attach a file:

Contact Person

Title First Name Last Name

Phone number where you can be contacted during business hours *

Must be an valid Australian phone number.

Email address *

Must be a valid email address.

Project Overview

* indicates a required field

Project Name *

Animal Welfare Grant Application

Form Preview

Project Category (Please select one or more) *

Free or low-cost veterinary services, including companion animal de-sexing, for Western Australians who are economically or otherwise disadvantaged. Services, systems, infrastructure or equipment that improve the efficiency and effectiveness of animal rescue, rehabilitation and rehoming of companion animals in WA. Services, systems, infrastructure or equipment that improve the rehabilitation of displaced and injured wildlife in WA.

At least 1 choice must be selected.

Please select the Local Government Authority in which this project is to be conducted.

Please provide a brief description of the purpose of the project including the activities that will be undertaken, the aims of the project, and how it is intended that the aims will be achieved *

Provide a short description (100 words recommended) of your project - what are you out to do?

Please attach any supporting document/s if applicable

Attach a file:

Expected Project Start Date *

This date refers to the date the organisation plans to start the project, assuming that the project is approved and that the Agreement is signed by both parties prior to this date.

Expected Project End Date *

This date refers to the date the organisation plans to complete the project, assuming that the project is approved and that the Agreement is signed by both parties prior to this date.

Do you intend to apply for further funding for this project in the next round? *

Yes

No

Project Details

* indicates a required field

Identify the service, systems, infrastructure or equipment to be funded and what it will be used for. *

Animal Welfare Grant Application

Form Preview

Capacity and Outcomes

How will the activity/project improve the welfare of companion animals or wildlife in WA? *

Does the activity/project offer benefits additional to the objectives of the grant program?

Yes No

Note: this refers to co-benefits, which may be public health, education/knowledge, job creation, environmental benefits, socio-economic benefits, aboriginal community benefits etc.

Please describe these benefits. *

Add more rows as required

Please describe measurable outputs for the activity/project.

This may include, but is not limited to:

- the number of animals that benefit such as numbers rehomed, rehabilitated, sterilised or treated
- the cost savings for disadvantaged Western Australians by the provision of animal health and veterinary services
- the cost savings for the organisation in improving the efficiency of services.
- increased number of jobs within the community.
- any other co-benefits listed above.

Anticipated Outcome/Benefit

**How you will measure the Outcome/
Benefit**

Add more rows as required	Add more rows as required

Does the activity/project address a gap in current delivery of community-based animal welfare activities? *

Yes No

How does the activity/project address a gap in current delivery of community-based animal welfare services? *

Animal Welfare Grant Application

Form Preview

Please list the people or organisations who will be involved in delivering the project, including who will manage it and be accountable for its delivery. What qualifications, skills and experience do they have to manage the activity/project responsibly?

Person or Organisation	Role or Responsibility	Qualifications, Skills, Experience

What is the intended timeframe for delivery of the activity/project? If possible, provide evidence to show that the timeframe is realistic.

Project Milestone

Target Completion date

Must be a date.

Evidence Upload

Attach a file:

Risk Assessment

Do you foresee any potential risks to delivering the activity/project? *

Yes

No

What are the risks? *

Funding Details

* indicates a required field

Total Funding Requested (including GST) *

This number/amount is calculated.

Animal Welfare Grant Application

Form Preview

Expenditure Items	Grant Amount	Applicant Contribution	Other Funding Source/s	Other Funding Sources Amount	Cash Contribution Confirmed
	Must be a dollar amount.	Must be a dollar amount.		Must be a dollar amount.	
	\$	\$		\$	

If relevant, please upload any quotes that you have received in relation to the project

Attach a file:

If the applicant intends to provide any in-kind contributions, other than the financial ones provided above, please detail them here.

In-kind contributions may be resources (such equipment, venues), or labour (such as voluntary graphic design).

Name of financial institution to receive grant funding *

Bank Name & Branch

Account name *

This must be the entity account name provided by the bank, not the nickname for the account provided by the client.

BSB *

Must be a number.

Account number *

Must be a number.

Provide evidence that the grantee will not receive profits from the proposed activity/project. *

Evidence may include verification of the applicant's not-for-profit status, demonstration of not-for-profit character in governing documents, association legal structure, or execution of a statutory declaration.

Please attach any supporting document/s

Attach a file:

Animal Welfare Grant Application

Form Preview

I acknowledge that DPIRD may ask for further information during the assessment process, such as profit and loss statements *

Yes

Declaration

* indicates a required field

This section must be completed by a person authorised to act on behalf of the applicant (may be different to the contact person listed earlier in this application form).

Once this form is submitted via SmartyGrants, it will be deemed as authorised by the below signatory, despite no signature provided.

By submitting this application, I acknowledge that: *

The information provided in this application is, to the best of my knowledge, accurate and complete

I have read, understood and agree to abide by the Guidelines. If any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this application.

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I give consent to the Department of Primary Industries and Regional Development to make public the details of the applicant and the funding received, should this application be successful.

Name of Authorised Person

First Name

Last Name

Position