Subsidy Fact Sheet

Community Facilities Subsidy – 2017

Wyndham City Council provides community subsidies to cover hire fees for eligible Wyndham based groups accessing Council owned community facilities.

**Am I eligible to apply for Community Facilities Subsidy?**

To be eligible recipients must be a not-for-profit Wyndham based community group providing regular activities specifically catering to seniors (55+) or people with a disability. The group must be open to welcoming new members from the community.

Eligible community groups with regular scheduled bookings are entitled to apply for a subsidy at one Council owned community facility within the municipality per calendar year. Scheduled bookings can either be weekly, fortnightly, monthly, bi-monthly or quarterly.

**What does the Subsidy cover?**

The subsidy covers the maximum scheduled booking time of 8 hours duration in total at one facility only.

**What does the Subsidy NOT cover?**

The subsidy does not cover additional costs such as public liability insurance, catering or hire of audio visual equipment. Applications will not be considered for applicants associated with a political party or receiving an income from gaming machines.

The applicant is financially responsible for all hire fees not covered by the approved subsidy. An invoice will be issued to the applicant where this is applicable.

**What else do I need to submit?**

Applicants must submit the Statement of Purpose for their group with the application form. The Statement of Purpose needs to show the activity is for seniors (55+) and/or members of the community with a disability. The approval for the Community Facilities Subsidy for your group needs to be obtained a minimum of two weeks prior to the commencement of hire. The subsidy will be effective from the hire dates on the subsidy application and will not be offered for any bookings held prior to the submission of the subsidy.

**How to apply for the Community Facilities Subsidy?**

The approval for the Community Facilities Subsidy for your group needs to be obtained a minimum of two weeks prior to the commencement of hire.

Complete **section A** of the Community Facilities Subsidy application form. Submit the application with your completed facility hire application form to the facility being hired.

For those hiring Kelly Park Centre, Diggers Road Soldiers Memorial Hall, Old Shire Offices or Central Park Community Centre, submit your application to the Civic Centre, 45 Princes Hwy Werribee 3030. Reception is open Monday to Friday from 8am to 5pm (excluding public holidays). Or email to [halls@wyndham.vic.gov.au](mailto:halls@wyndham.vic.gov.au)

**How will I know if my application is successful?**

All applicants will be advised in writing of the outcome of their application within 4 weeks of submission.

**Do you need more information?**

For more information please contact the Community Facilities Officer at Wyndham City Council on

Tel: (03) 9742 0817 or (03) 9742 0867 or email: [halls@wyndham.vic.gov.au](mailto:halls@wyndham.vic.gov.au)

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| --- | --- | --- | --- | --- |
| **Section A - to be completed by Applicant:** | | | | |
| Group Name: | | | | |
| Contact Person Name: | | | | |
| Mailing Address: | | | | |
| Contact Telephone Number: | | | Email: | |
| Is your Organisation Not-For-Profit? ❑ NO ❑YES **(Please tick the appropriate box)**  ❑Incorporated Association **(provide a Certificate of Incorporation)**  ❑Auspiced by another Organisation **(provide a letter from supporting organisation on Letterhead)**  ❑Unincorporated Group | | | | |
| Who is your Organisation specifically for? **(Please tick the appropriate box)**  ❑ Seniors (55+) ❑People with a disability | | | | |
| Does your Organisation receive any other funding for this program **(not including this subsidy)**.  ❑ NO ❑ YES If yes, name of source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Brief description of the Organisation ***(Please complete or supply Statement of Purpose)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| What percentage of the participants attending the booking are Wyndham residents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% | | | | |
| Organisation Representative:  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | |
| **Section B - to be completed by Community Centre Officer:** | | | | |
| **Scheduled Booking Information**  Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hire Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hire End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Weekly❑ Fortnightly❑ Monthly❑ Other❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monday❑ Tuesday❑ Wednesday❑ Thursday❑ Friday❑ Saturday❑ Sunday❑  Meet on School Holidays YES❑ NO❑ Meet on Public Holidays YES❑ NO❑ | | | | |
| Quoted Hire Charge (including GST) Including setup /pack away time cost **(does not including catering, equipment hire or other additional costs).**  Total Hours of Hire: \_\_\_\_\_\_\_\_\_\_\_\_ Start Time: ­\_\_\_\_\_\_:\_\_\_\_\_\_ AM/PM Finish Time \_\_\_\_\_\_:\_\_\_\_\_\_ AM/PM  ***(Subsidy only covers a maximum scheduled booking time of 8 hours duration at one facility)***  Total hourly rate $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_ Total session/booking rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total number of bookings in 2017 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Community Centre Officer Verified:**  Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Section C - Office Use Only**:  Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_\_  # of hours allocated \_\_\_\_\_\_\_\_\_\_  Accessed by CFO (date & initial) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | Number of hours subsidised \_\_\_\_  Subsidy amount $\_\_\_\_\_\_\_\_\_\_\_\_  Approved - YES ❑ NO❑  PO Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Internal Transfer - YES❑ NO❑ | | | NAR Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Document Number A\_\_\_\_\_\_\_\_\_\_\_  Confirmation Letter \_\_\_/\_\_\_/\_\_\_  Scanned Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**Statement of Purpose**

**Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Purpose:**

**Membership:**

Membership to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ include:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Group Organiser:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_