



Shire of
Koorda

Drive in, stay awhile

MINUTES

Koorda Grants Committee Meeting

Held in Shire of Koorda Council Chambers

10 Haig Street, Koorda WA 6475

Wednesday 20 August 2025

Commencing 6.00pm

NOTICE OF MEETING

Dear Koorda Grants Committee Members,

The next Grants Committee Meeting of the Shire of Koorda will be held on Wednesday 20 August 2025 in the Shire of Koorda Council Chambers, 10 Haig Street, Koorda, commencing at 6.00pm.

Zac Donovan
Chief Executive Officer
15 August 2025

DISCLAIMER

No responsibility whatsoever is implied or accepted by the Shire of Koorda for any act, omission or statement or intimation occurring during Council or Committee meetings.

The Shire of Koorda disclaims any liability for any loss whatsoever and howsoever caused arising out of reliance by any person or legal entity on any such act, omission or statement or intimation occurring during Council or Committee meetings.

Any person or legal entity who acts or fails to act in reliance upon any statement, act or omission made in a Council or Committee meeting does so at that person's or legal entity's own risk.

In particular and without derogating in any way from the broad disclaimer above, in any discussion regarding any planning application or application for a license, and statement or intimation of approval made by a member or officer of the Shire of Koorda during the course of any meeting is not intended to be and is not to be taken as notice of approval from the Shire of Koorda.

The Shire of Koorda warns that anyone who has any application lodged with the Shire of Koorda must obtain and should only rely on **written confirmation** of the outcome of the application, and any conditions attaching to the decision made by the Shire of Koorda in respect of the application.

To be read aloud if any member of the public is present.

Signed



Zac Donovan
Chief Executive Officer

Table of Contents

1. Declaration of Opening4

2. Record of Attendance, Apologies and Leave of Absence4

3. Public Question Time4

4. Disclosure of Interest4

5. Confirmation of Minutes from Previous Meetings4

7.1. Koorda Grants Committee Meeting held on 18 December 2024.....4

6. Officer’s Reports.....5

6.1. Consideration of 2025/2026 Round 1 Koorda Community Grant Program Applications.....5

7. Urgent Business Approved by the Person Presiding or by Decision.....7

8. Date of Next Meeting.....7

9. Closure7

APPENDIX I – Terms of Reference8

**Shire of Koorda
Koorda Grants Committee Meeting
6.00pm, Wednesday 20 August 2025**



1. Declaration of Opening

The Presiding person welcomed those in attendance and declared the meeting open at 6.00 pm.

2. Record of Attendance, Apologies and Leave of Absence

Committee Members:

Cr GL Boyne
Cr JM Stratford

Chairperson
Member

Staff:

Mr Z Donovan
Ms L Foote

Chief Executive Officer
Deputy Chief Executive Officer

Visitors:

Cr NJ Chandler

Visitor

Apologies:

Cr KA Fuchsbichler
Cr GW Greaves

Member
Deputy Member

Approved Leave of Absence:

3. Public Question Time

Nil.

4. Disclosure of Interest

Nil.

5. Confirmation of Minutes from Previous Meetings

7.1. Koorda Grants Committee Meeting held on 18 December 2024

[Click here to view the previous minutes](#)

Voting Requirements

☒ Simple Majority ☐ Absolute Majority

Committee Recommendation

Moved Cr JM Stratford

Seconded Cr GL Boyne


That, in accordance with Sections 5.22(2) and 3.18 of the *Local Government Act 1995*, the Minutes of the Koorda Grants Committee Meeting held 18 December 2024, as presented, be confirmed as a true and correct record of proceedings.

CARRIED 2/0

For: Cr GL Boyne, Cr JM Stratford

6. Officer's Reports

6.1. Consideration of 2025/2026 Round 1 Koorda Community Grant Program Applications

Governance and Compliance		
Date	14 August 2025	
Location	Not Applicable	
Responsible Officer	Lana Foote, Deputy Chief Executive Officer	
Author	As above	
Legislation	Nil	
Disclosure of Interest	Nil	
Purpose of Report	<input checked="" type="checkbox"/> Executive Decision <input type="checkbox"/> Legislative Requirement <input type="checkbox"/> Information	
Attachments	2025 07 31 Koorda Pistol Club \$5,000.00	

Background:

The Shire of Koorda is committed to recognising the value of all community organisations and has developed a clear and powerful vision “To build a vibrant and sustainable community with shared social values, in which we can live and work in harmony with our environment”.

The Community Grants Program is allocated from within Council’s general revenue budget each year to provide financial support to community organisations that meet the objectives of the Community Grants Program (“CGP”).

The CGP objectives are to support projects that promote community capacity, improve social participation and inclusion as well as enhance community harmony and social cohesion.

The Shire of Koorda CGP assists community groups and Not for Profit organisations with their vital work and programmes to:

- Promote community capacity, community harmony and social cohesion;
- Encourage people and organisations to help themselves;
- Ensure fair distribution of activities and services throughout Koorda; and
- Encourage resident participation in activities which benefit the community in Koorda.

Comment:

The Koorda Grants Committee is to recommend to Council the successful applicants for this based on the below selection criteria;

- Applicant History: Has the applicant applied previously? Did the applicant adhere to the guidelines and acquittal requirements?
- Does the project meet a broader community need?
- Does the project benefit a sufficiently broad, or diverse, target group?
- Does the organisation have the capacity to undertake and manage the project?
- Does the application represent value for money?
- Collaborative community wide projects are encouraged.

Applications opened from 1 July to 31 July. A list of the applications for 2025/2026 Round 1 are included below;

Group	Project	Project Cost (exc GST)	Requested Amount
Koorda Pistol Club	New fencing to meet new safety standards.	10,200.00	5,000.00
		TOTAL	\$5,000.00

The “Requested Amounts” marked with an * indicate organisations not registered for GST, and if approved, would not be able to claim GST on their claim invoice to the Shire.

Consultation:

Koorda CGP Applicants

Statutory Implications:

Nil.

Policy Implications:

Policy “[F - Grants - Community Grants Program](#)” covers all aspects of the Koorda CGP.

Strategic Implications:

Shire of Koorda Integrated Strategic Plan 2024

1.2 - Local volunteer groups supported through initiatives that reduce volunteer fatigue and strengthen their resilience.

1.2.2 - Review and refine community grants program as required.

Financial Implications:

An allocation of \$10,000 is included in the 2025/2026 Budget for the Shire of Koorda Community Grants Program.

Voting Requirements:

☒ Simple Majority ☐ Absolute Majority

Officer Recommendation

Moved Cr JM Stratford

Seconded Cr GL Boyne

That the Grants Committee recommends;

That Council, endorse the recipients and funding allocation, for the below applicants of the 2025/2026 Round 1 Koorda Community Grant Program, as determined at the Grants Committee Meeting held on 20 August 2025;

1. Koorda Pistol Club \$5,000.00

CARRIED 2/0

For: Cr GL Boyne, Cr JM Stratford

7. Urgent Business Approved by the Person Presiding or by Decision

Nil.

8. Date of Next Meeting

4.00pm, Wednesday 17 December 2025

9. Closure

The Chairperson thanked everyone for their attendance and closed the meeting at 6.02pm.

Signed: _____

Presiding Person at the meeting at which the minutes were confirmed.

Date: 17 December 2025

APPENDIX I – Terms of Reference

Koorda Grants Committee

Terms of Reference

1. Name

The name of the committee is the Shire of Koorda Grants Committee.

2. Head of Power

The committee is established by Council under section 5.9(2)(a) of the *Local Government Act 1995*.

3. Definitions

TERM	DEFINITION
Act	The <i>Local Government Act 1995</i> .
Council	The body consisting of all council members sitting formally as the Council of Shire of Koorda ("the Shire").
Chief Executive Officer	The Chief Executive Officer (CEO) of the Shire of Koorda.
Committee	Shire of Koorda Awards Committee.
Council Member	A person elected under the Act as a member of Council. Shire of Koorda council members include the Shire President, Deputy Shire President and Councillors (as defined by the Act).
External Member	A person who is not a council member appointed to the committee with requisite skills, knowledge and experience that compliment the committees objectives.
Member	A person appointed to this committee.

4. Objectives

The Committee is to oversee and make determinations on all matters associated with the Community Grants Scheme by;

- Receiving and assessing grant applications for the Shire of Koorda Community Grants Program (CGP); and
- Making a final determination on all grant applications received as part of the CGP.

5. Powers

The Committee is a formally appointed committee of Council and is responsible to that body.

The Committee has no delegated authority and no authority to implement its recommendations without resolution of Council.

The Committee does not have any management functions and cannot involve itself in management processes or procedures.

The Committee recommendations are advisory only and shall not be binding on Council.

6. Membership

The committee shall consist of three elected members, with a fourth elected member acting as a deputy.

The quorum for a Committee meeting is as per section 5.19 of the *Local Government Act 1995*: at least 50% of members of the committee (whether vacant or not).

The Committee is supported by the Chief Executive Officer and their nominees, principally the Deputy CEO.

The Shire shall provide secretarial and administrative support to the Committee.

7. Presiding Member

The Committee is to determine the Presiding Member of the Committee at the first meeting of the Committee immediately following the establishment of the Committee or following each biennial local government election, whichever is applicable.

The Committee is to determine a Deputy Presiding Member of the Committee at the first meeting of the Committee immediately following the establishment of the Committee or following each biennial local government election, whichever is applicable.

If the Presiding Member is absent from a meeting, the Deputy Presiding Member is to preside at that meeting.

The role of the Presiding Member includes:

- a) overseeing and facilitating the conduct of meetings in accordance with the Act and the Shire's *Standing Orders Local Law 2018*;
- b) ensuring all Committee members have an opportunity to participate in discussions in an open and encouraging manner; and
- c) where a matter has been debated significantly and no new information is being discussed, to call the meeting to order and ask for the debate to be finalised and the motion to be put.

In accordance with section 5.14 of the Act, if the Presiding Member and Deputy Presiding Member are not available or are unable or unwilling to perform the function of presiding member (but a quorum is still reached), then the committee members present at the meeting are to choose who is to preside at the meeting.

8. Meetings

The Committee will meet at least twice a year, generally in August and December, inline with the two rounds of the CGP. Round 1 being open 1 July to 31 July and Round 2 being open 1 November to 30 November.

Meetings of the Committee shall not be open to the public, however proceedings and records of the Committee are not confidential.

Decisions of the Committee shall be by simple majority.

An ordinary or a special meeting of the Committee is to be held:

- a) if called for by either the Presiding Member or at least two Committee members in a notice to the CEO setting out the date and purpose of the proposed meeting; or
- b) if so decided by the Committee; or
- c) if called for by Council.

The Committee may invite, through the CEO, Shire employees, or others to attend meetings and provide pertinent information, where necessary.

9. Minutes

The minutes of the meeting shall be recorded and prepared as per the provisions of section 5.22 of the Act.

The content of the minutes shall be in accordance with regulation 11 of the *Local Government (Administration) Regulations 1996*.

10. Reporting

Recommendations recorded in the minutes arising from the Committee's deliberations shall be presented to the earliest available ordinary meeting of Council.

In the event of a tied vote, where the Presiding Member has exercised a casting vote, the matter will be referred to Council for deliberation.

11. Terms of Appointment

Appointment to the Committee will be determined by the Council following ordinary local government elections, for a term to expire on the date of the subsequent ordinary local government elections.

If a member of the Committee resigns prior to an ordinary local government election, Council will appoint a replacement.

12. Code of Conduct

The Shire's Code of Conduct for Council Members, Committee Members and Candidates applies to all members of the Committee.

13. Voting

Shall be in accordance with section 5.21 of the Act.

Each voting member of the Committee present at a meeting is entitled to one vote and are required to vote, subject to the provisions of the Act regarding interests.

In the event of a tied vote, the Presiding Member will have a casting vote.

14. Alterations to Terms of Reference

The Committee is to conduct a review of its terms of reference providing Council with recommendations for any changes, in the first instance after twelve months of operation, with subsequent reviews to be held every two years prior to the local government ordinary election.

15. Termination of Committee

Termination of the Committee shall be at the discretion of Council and in accordance with the Act.

Review History

Date	Council Resolution	Description of review/amendment
18/12/2023	RES: 091223	Terms of Reference Adopted
23/10/2023	RES: 191023	Committee Established



Koorda Community Grants Program (CGP) Application Form

Round 1: Applications open on 1 July and close 31 July. To be considered at the Public Ordinary Council Meeting in August. Acquittal Due: 28 February.

Round 2: Applications open on 1 November and close 30 November. To be considered at the Public Ordinary Council Meeting in December. Acquittal Due: 25 June.

Late applications will not be accepted.

APPLICATION ROUND/YEAR	
Which financial year are you applying for? (Eg; 2024/2025)	
What round are you applying for? (Eg; Round 1)	

APPLICATION ROUND/YEAR	
Group/organisation name:	
Postal address:	
ABN:	If your group/organisation does not have an ABN please complete and attach a Statement by Supplier form available on the ATO website.
Does your group/organisation have Public Liability Insurance?	<input type="checkbox"/> Yes (please attach a copy of your Certificate of Currency) <input type="checkbox"/> No - you will need an auspicng organisation to apply for the CGP that has a Certificate of Currency)
Is your group/organisation (or auspicng organisation) registered for the Goods and Services Tax (GST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Not for Profit Company or charity <input type="checkbox"/> Other (please specify) _____ If you are not an Incorporated Association, Not for Profit Company, charity or other appropriate organisation you must have an auspicng organisation that will manage the funds and provide a Certificate of Currency for Public Liability Insurance. Please attach a letter of support from the auspicng organisation and a copy of their Certificate of Currency.

GROUP/ORGANISATION CONTACT PERSON	
Contact Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

GROUP/ORGANISATION ALTERNATE CONTACT PERSON	
Contact Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

AUSPICING ORGANISATION (IF APPLICABLE)	
Auspicing organisation Name:	
ABN of auspicing organisation:	
Contact Person Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

ABOUT GROUP/ORGANISATION

Briefly describe your group/organisation's aims?

The services/activities your group/organisation provide to the community?

Which are your main target groups?

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> General Community | <input type="checkbox"/> Women | <input type="checkbox"/> Aboriginal and Torres Strait Islander people |
| <input type="checkbox"/> Children 0-10 | <input type="checkbox"/> Men | <input type="checkbox"/> People with disabilities and/or carers |
| <input type="checkbox"/> Youth 11-25 | <input type="checkbox"/> Seniors | <input type="checkbox"/> Other (please specify) _____ |

If your application is successful, how will you recognise the Shire of Koorda's contribution to this project?

- | | |
|--|---|
| <input type="checkbox"/> Press release | <input type="checkbox"/> Banners/Posters |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Equipment: a sticker or plaque attached, where possible, on the item/s purchased recognising the Shire's contribution. |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Flyers | |

Has your organisation received funding from the Shire in the last two years?

Please note you cannot apply twice for the CGP in one financial year (this includes the Community Financial Assistance Program).

- ☐ No - skip to Project Details
☐ Yes - please answer below questions

If applicable, please list the years and amounts of funding from the Shire in the last two years.

Year: _____ Amount: _____

Year: _____ Amount: _____

If applicable, has your organisation provided an acquittal to the Shire for each grant?

- ☐ Yes - The organisation's acquittal has been received by the Shire.
☐ No - If a previous grant has not been acquitted with the Shire you are not eligible to apply.

PROJECT DETAILS	
Project Title	
Please outline your project/funding request?	
Funding Requested (excluding GST)	
Total Project Cost (excluding GST, please include in-kind and financial sources and contributions)	
On what date/dates will your project/initiative start and finish? (Please attach a timeline for you project if applicable)	
How and where will your project/purchases take place?	
What is your group/organisation's contribution to your project? Please include in-kind and financial sources and contributions.	
How many people do you anticipate will attend your event or participate in your project/initiative once completed? (reference should be made to those anticipated to attend/participate from within the Shire of Koorda, and those from the outer regions)	

Explain how you know the project is needed and supported by the Community, and explain what benefits will your project/initiative deliver to the Koorda community?

Name any other group/individuals that will be involved in the project? (please attach letters of support)

If you are applying for funds for equipment, describe what the equipment is and what it will be used for in the future?

If your application is unsuccessful, or only partly funded, in the CGP, how will the project be delivered?

PROJECT INCOME

Please note that applications with multiple funders/contributors are favoured.

PLEASE INCLUDE ALL IN-KIND AND CASH CONTRIBUTIONS.

Use <https://gstcalculator.com.au/> to obtain the amounts excluding GST.

In-kind hours: Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations in-kind hours for the project.



PROPOSED PROJECT INCOME	BUDGET (ex GST)	STATUS
<i>For example: CGP grant request</i>	1,000	Unconfirmed
<i>For example: Own organisation cash contribution</i>	500	Confirmed
<i>For example: Own organisation in-kind contribution</i>	200	Confirmed
<i>For example: Lotterywest Grant</i>	2,000	Pending
Total Income:		

PROJECT EXPENDITURE	BREAKDOWN (ex GST)	FUNDING SOURCE
<i>For example: Newspaper Advertisement</i>	500	CGP
<i>For example: Purchase of chairs and tables</i>	500	CGP
<i>For example: Venue hire</i>	200	Own organisation in-kind contribution
<i>For example: Bouncy castle hire</i>	2,000	Lotterywest
Total Expenditure:		

DECLARATION FROM ORGANISATION

We declare that the organisation we represent does not operate for profit and the information given in this document is true and accurate. We agree to abide by CGP Guidelines and funding received will be used for the purpose nominated in this application.

Signed by TWO senior members of organisation:

Full name:	Matthew Cooke	Full name:	Kim Storer
Position title:	President	Position title:	Secretary
Signature:		Signature:	
Date:	4. 11. 2025	Date:	4. 11. 2025

DECLARATION FROM AUSPICE ORGANISATION (if applicable)

We declare that no funding will be returned to the auspice organisation in the form of fees, administration, costs, etc. We agree to manage the funds on behalf of _____ and abide by the CGP Guidelines.

Signed by TWO senior members of organisation:

Full name:		Full name:	
Position title:		Position title:	
Signature:		Signature:	
Date:		Date:	

CHECKLIST

Please ensure you have:

- ☒ Read the application guidelines carefully
- ☒ Completed **ALL** sections of the Application Form
- ☒ Attached copies of quotes/pricing for all expenditure requested through the CGP
- ☒ Attached a copy of the Certificate of Currency for Public Liability Insurance
- ☐ Attached a Letter of Support from the auspice organisation (if applicable)
- ☐ Attached a Statement of Supplier (if applicable)
- ☒ Attached a Project timeline (if applicable)
- ☐ Attached any Letters of Support from other groups.

For assistance with your application or to have it proofed before submission, please email to dceo@koorda.wa.gov.au

Please send this application via one of the following:

Mail

Shire of Koorda
PO BOX 20, Koorda WA 6475

Email

dceo@koorda.wa.gov.au

In person

10 Haig Street, Koorda

Lana Foote

From: Chandler, Nicholas <Nicholas.Chandler@cbh.com.au>
Sent: Friday, 28 November 2025 12:40 PM
To: Zac Donovan; Lana Foote
Cc: Kim Storer

Hi Zac/Lana

As discussed

The Koorda sports club submitted a grant application for some new markers and accessories for the new green. We requested a quote from Lawford engineering as part of our application.

To our surprise the markers and accessories arrived in the post, upon contacting Lawford Engineering they advised it was a mistake their end processing the quote.

We have the items and can use them, we haven't been invoiced yet as are awaiting our grant application, either way we need to get them.

January they are planning on invoicing us for the goods. Hope this clarifies why they are here already, defiantly not planned that way, but fortunate as the old ones aren't able to relocate as planned due to sun damage

Cheers

Nick

Sent from my iPhone

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this mail in error please notify the originator of the message. This footer also confirms that this email message has been scanned for the presence of computer viruses.

Any views expressed in this message are those of the individual sender, except where the sender specifies and with authority, states them to be the views of the CBH Group.

QUOTE

Koorda Bowling Club
11 Greenham St
KOORDA WA 6475
AUSTRALIA

Date
3 Nov 2025

Expiry
31 Jan 2026

Quote Number
QU-1369

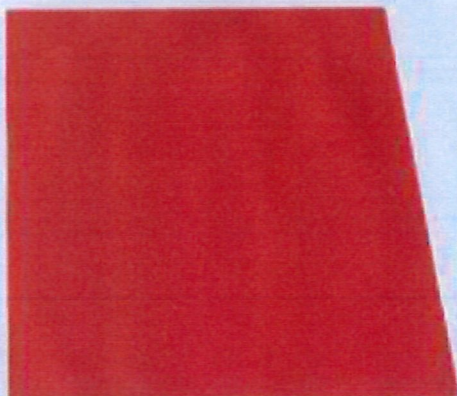
Reference
Markers & Numbers

ABN
82 585 296 560

Lawford Engineering
85 Lowry Street
ROCHESTER VIC 3561
Ph 0429845346

Mr Nicholas Chandler

Description	Quantity	Unit Price	GST	Amount AUD
Rink Marker on S/S solid base	16.00	29.50	10%	472.00
Solid Rink Number on Stainless Steel Base Numbered 1 - 7 x 2	14.00	45.00	10%	630.00
Freight	1.00	95.00	10%	95.00
Subtotal				1,197.00
TOTAL GST 10%				119.70
TOTAL AUD				1,316.70



PERTH BOWLS CENTRE

is now open as

**ACTIVE
BOWLS**

+61 0862538972 | perth@activebowls.com.au

1/27 Augusta St, Willetton, WA, 6155

activebowls.com.au | Facebook | Instagram

5th November, 2025

KOORDA BOWLING CLUB

QUOTATION FOR JACKS

7 only HW WHITE JACKS @\$40.00 each (inc gst) = \$280.00
AUST POST TO KOORDA - \$25.00

TOTAL PRICE: \$305.00

Dennis Pattullo
Manager
Active Bowls
Unit 1 / 27 Augusta Street
Willetton WA 6155

This policy has been facilitated by Nutrien Ag Solutions Limited (Nutrien Ag Solutions), in line with the terms of the Referral Agency Agreement between WFI and Nutrien Ag Solutions. WFI will pay commission to Nutrien Ag Solutions for this policy. You are not liable for the payment of commission.

Location: Greenham Street

KOORDA 6475

Risk: 002/001 Business legal liability

Effective: 25/11/25

Excess:

Damage to property

\$500

Insured: Koorda Sports Club Inc

Business: CLUB (LICENSED)

Estimated Annual Turnover

\$100,000

Number of Employees 2

Important Note

WFI will now require You to estimate payments for the services of contractors/sub-contractors or labour hire that may be engaged by You in your Business. Your estimate does not need to include payments arising out of the activities of contractors/sub-contractors or labour hire engaged by You for the purpose of maintaining Your Business equipment or Business Premises. Please review current estimated payments shown above and contact WFI to make appropriate amendments if required.

Limit of Indemnity:

Limit any one Occurrence	\$10,000,000
Property in Your physical or legal control	\$250,000
Aggregate limit for product liability	\$10,000,000
Aggregate limit for pollution liability	\$10,000,000

Premium	\$2204.95
GST	\$220.50
Government Stamp Duty	\$242.55



Koorda Community Grants Program (CGP) Application Form

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Late applications will not be accepted.

APPLICATION ROUND/YEAR	
Which financial year are you applying for? (Eg; 2024/2025)	
What round are you applying for? (Eg; Round 1)	

APPLICATION ROUND/YEAR	
Group/organisation name:	
Postal address:	
ABN:	If your group/organisation does not have an ABN please complete and attach a Statement by Supplier form available on the ATO website.
Does your group/organisation have Public Liability Insurance?	<input type="checkbox"/> Yes (please attach a copy of your Certificate of Currency) <input type="checkbox"/> No - you will need an auspicng organisation to apply for the CGP that has a Certificate of Currency)
Is your group/organisation (or auspicng organisation) registered for the Goods and Services Tax (GST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Not for Profit Company or charity <input type="checkbox"/> Other (please specify) _____ If you are not an Incorporated Association, Not for Profit Company, charity or other appropriate organisation you must have an auspicng organisation that will manage the funds and provide a Certificate of Currency for Public Liability Insurance. Please attach a letter of support from the auspicng organisation and a copy of their Certificate of Currency.

GROUP/ORGANISATION CONTACT PERSON	
Contact Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

GROUP/ORGANISATION ALTERNATE CONTACT PERSON	
Contact Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

AUSPICING ORGANISATION (IF APPLICABLE)	
Auspicing organisation Name:	
ABN of auspicing organisation:	
Contact Person Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

ABOUT GROUP/ORGANISATION

Briefly describe your group/organisation's aims?

The services/activities your group/organisation provide to the community?

Which are your main target groups?

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> General Community | <input type="checkbox"/> Women | <input type="checkbox"/> Aboriginal and Torres Strait Islander people |
| <input type="checkbox"/> Children 0-10 | <input type="checkbox"/> Men | <input type="checkbox"/> People with disabilities and/or carers |
| <input type="checkbox"/> Youth 11-25 | <input type="checkbox"/> Seniors | <input type="checkbox"/> Other (please specify) _____ |

If your application is successful, how will you recognise the Shire of Koorda's contribution to this project?

- | | |
|--|---|
| <input type="checkbox"/> Press release | <input type="checkbox"/> Banners/Posters |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Equipment: a sticker or plaque attached, where possible, on the item/s purchased recognising the Shire's contribution. |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Flyers | |

Has your organisation received funding from the Shire in the last two years?

Please note you cannot apply twice for the CGP in one financial year (this includes the Community Financial Assistance Program).

- ☐ No - skip to Project Details
☐ Yes - please answer below questions

If applicable, please list the years and amounts of funding from the Shire in the last two years.

Year: _____ Amount: _____

Year: _____ Amount: _____

If applicable, has your organisation provided an acquittal to the Shire for each grant?

- ☐ Yes - The organisation's acquittal has been received by the Shire.
☐ No - If a previous grant has not been acquitted with the Shire you are not eligible to apply.

Explain how you know the project is needed and supported by the Community, and explain what benefits will your project/initiative deliver to the Koorda community?

Name any other group/individuals that will be involved in the project? (please attach letters of support)

If you are applying for funds for equipment, describe what the equipment is and what it will be used for in the future?

If your application is unsuccessful, or only partly funded, in the CGP, how will the project be delivered?

PROJECT DETAILS

Project Title

Please outline your project/funding request?

Funding Requested (excluding GST)

Total Project Cost (excluding GST, please include in-kind and financial sources and contributions)

On what date/dates will your project/initiative start and finish? (Please attach a timeline for you project if applicable)

How and where will your project/purchases take place?

What is your group/organisation's contribution to your project? Please include in-kind and financial sources and contributions.

How many people do you anticipate will attend your event or participate in your project/initiative once completed? (reference should be made to those anticipated to attend/participate from within the Shire of Koorda, and those from the outer regions)

PROJECT INCOME

Please note that applications with multiple funders/contributors are favoured.

PLEASE INCLUDE ALL IN-KIND AND CASH CONTRIBUTIONS.

Use <https://gstcalculator.com.au/> to obtain the amounts excluding GST.

In-kind hours: Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations in-kind hours for the project.

PROPOSED PROJECT INCOME	BUDGET (ex GST)	STATUS
<i>For example: CGP grant request</i>	1,000	Unconfirmed
<i>For example: Own organisation cash contribution</i>	500	Confirmed
<i>For example: Own organisation in-kind contribution</i>	200	Confirmed
<i>For example: Lotterywest Grant</i>	2,000	Pending
Total Income:		

PROJECT EXPENDITURE	BREAKDOWN (ex GST)	FUNDING SOURCE
<i>For example: Newspaper Advertisement</i>	500	CGP
<i>For example: Purchase of chairs and tables</i>	500	CGP
<i>For example: Venue hire</i>	200	Own organisation in-kind contribution
<i>For example: Bouncy castle hire</i>	2,000	Lotterywest
Total Expenditure:		

DECLARATION FROM ORGANISATION

We declare that the organisation we represent does not operate for profit and the information given in this document is true and accurate. We agree to abide by CGP Guidelines and funding received will be used for the purpose nominated in this application.

Signed by TWO senior members of organisation:

Full name:		Full name:	
Position title:		Position title:	
Signature:		Signature:	
Date:		Date:	

DECLARATION FROM AUSPICE ORGANISATION (if applicable)

We declare that no funding will be returned to the auspice organisation in the form of fees, administration, costs, etc. We agree to manage the funds on behalf of _____ and abide by the CGP Guidelines.

Signed by TWO senior members of organisation:

Full name:		Full name:	
Position title:		Position title:	
Signature:		Signature:	
Date:		Date:	

CHECKLIST

Please ensure you have:

- ☐ Read the application guidelines carefully
- ☐ Completed **ALL** sections of the Application Form
- ☐ Attached copies of quotes/pricing for all expenditure requested through the CGP
- ☐ Attached a copy of the Certificate of Currency for Public Liability Insurance
- ☐ Attached a Letter of Support from the auspice organisation (if applicable)
- ☐ Attached a Statement of Supplier (if applicable)
- ☐ Attached a Project timeline (if applicable)
- ☐ Attached any Letters of Support from other groups.

For assistance with your application or to have it proofed before submission, please email to dceo@koorda.wa.gov.au

Please send this application via one of the following:

Mail

Shire of Koorda
PO BOX 20, Koorda WA 6475

Email

dceo@koorda.wa.gov.au

In person

10 Haig Street, Koorda



Afternoon Brad,

Please find listed below our quotation as required.

Supply and lay SG Midland Test 12.5mm Premium Synthetic Turf.

Remove and replace match wicket

28m x 2.4 with flares

Price: \$5723

Travel \$490

Prices exclude gst.

Brad we have quoted 12mm pile height premium turf.

Highest quality in Australia

Ditch should last 10-12 years

← Reply

→ Forward



4





Marsh Pty Ltd
ABN 86 004 651 512
727 Collins Street
MELBOURNE VIC 3008

GPO Box 1229
MELBOURNE VIC 3001
Tel 1300 130 373
Email sport@marsh.com
Marsh.com.au

CERTIFICATE OF CURRENCY

INSURANCE CLASS	Public & Products Liability	
INSURED	Cougars Cricket Club	
GEOGRAPHICAL SCOPE	Worldwide excluding USA, Canada and their protectorates	
PERIOD OF INSURANCE	From: 30 June 2024 at 4pm Local Time (VIC) To: 30 June 2026 at 4pm Local Time (VIC)	
INTEREST INSURED	Legal liability to third parties for bodily injury and property damage arising out of the activities of the Insured	
LIMITS OF LIABILITY	General Liability	\$50,000,000 any one occurrence
	Products Liability	\$50,000,000 in the aggregate
	Errors & Omissions	\$10,000,000 in the aggregate
DEDUCTIBLE/EXCESS	Public & Products Liability \$500 each and every occurrence (costs inclusive) Errors & Omissions \$2,500 each and every occurrence (costs inclusive)	
INSURER	Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company (ABN 61 086 083 605). Incorporated in Massachusetts, U.S.A. (The liability of members is limited).	
POLICY NUMBER	ME-CAS-23-401369	

Dean Mumm
Head of Corporate Sport

Date: 24 November 2025

This certificate of currency provides a summary of the policy cover and is current on the date of issue.
It is not intended to amend, extend, replace or override the policy terms and conditions contained in the actual policy document. This certificate of currency is issued as a matter of information only and confers no rights upon the certificate holder. We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or in transmitting this certificate by email or for any loss, damage or expense thereby occasioned to any recipient of this letter.



Koorda Community Grants Program (CGP) Application Form

Round 1: Applications open on 1 July and close 31 July. To be considered at the Public Ordinary Council Meeting in August. Acquittal Due: 28 February.

Round 2: Applications open on 1 November and close 30 November. To be considered at the Public Ordinary Council Meeting in December. Acquittal Due: 25 June.

Late applications will not be accepted.

APPLICATION ROUND/YEAR	
Which financial year are you applying for? (Eg; 2024/2025)	
What round are you applying for? (Eg; Round 1)	

APPLICATION ROUND/YEAR	
Group/organisation name:	
Postal address:	
ABN:	If your group/organisation does not have an ABN please complete and attach a Statement by Supplier form available on the ATO website.
Does your group/organisation have Public Liability Insurance?	<input type="checkbox"/> Yes (please attach a copy of your Certificate of Currency) <input type="checkbox"/> No - you will need an auspicng organisation to apply for the CGP that has a Certificate of Currency)
Is your group/organisation (or auspicng organisation) registered for the Goods and Services Tax (GST)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Not for Profit Company or charity <input type="checkbox"/> Other (please specify) _____ If you are not an Incorporated Association, Not for Profit Company, charity or other appropriate organisation you must have an auspicng organisation that will manage the funds and provide a Certificate of Currency for Public Liability Insurance. Please attach a letter of support from the auspicng organisation and a copy of their Certificate of Currency.

GROUP/ORGANISATION CONTACT PERSON	
Contact Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

GROUP/ORGANISATION ALTERNATE CONTACT PERSON	
Contact Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

AUSPICING ORGANISATION (IF APPLICABLE)	
Auspicing organisation Name:	
ABN of auspicing organisation:	
Contact Person Title & Name: <i>Eg. Mr John Smith</i>	
Position title in the group/organisation:	
Contact Numbers:	
Email:	

ABOUT GROUP/ORGANISATION

Briefly describe your group/organisation's aims?

The services/activities your group/organisation provide to the community?

Which are your main target groups?

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> General Community | <input type="checkbox"/> Women | <input type="checkbox"/> Aboriginal and Torres Strait Islander people |
| <input type="checkbox"/> Children 0-10 | <input type="checkbox"/> Men | <input type="checkbox"/> People with disabilities and/or carers |
| <input type="checkbox"/> Youth 11-25 | <input type="checkbox"/> Seniors | <input type="checkbox"/> Other (please specify) _____ |

If your application is successful, how will you recognise the Shire of Koorda's contribution to this project?

- | | |
|--|---|
| <input type="checkbox"/> Press release | <input type="checkbox"/> Banners/Posters |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Equipment: a sticker or plaque attached, where possible, on the item/s purchased recognising the Shire's contribution. |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Flyers | |

Has your organisation received funding from the Shire in the last two years?

Please note you cannot apply twice for the CGP in one financial year (this includes the Community Financial Assistance Program).

- ☐ No - skip to Project Details
☐ Yes - please answer below questions

If applicable, please list the years and amounts of funding from the Shire in the last two years.

Year: _____ Amount: _____

Year: _____ Amount: _____

If applicable, has your organisation provided an acquittal to the Shire for each grant?

- ☐ Yes - The organisation's acquittal has been received by the Shire.
☐ No - If a previous grant has not been acquitted with the Shire you are not eligible to apply.

PROJECT DETAILS

Project Title

Please outline your project/funding request?

Funding Requested (excluding GST)

Total Project Cost (excluding GST, please include in-kind and financial sources and contributions)

On what date/dates will your project/initiative start and finish? (Please attach a timeline for you project if applicable)

How and where will your project/purchases take place?

What is your group/organisation's contribution to your project? Please include in-kind and financial sources and contributions.

How many people do you anticipate will attend your event or participate in your project/initiative once completed? (reference should be made to those anticipated to attend/participate from within the Shire of Koorda, and those from the outer regions)

Explain how you know the project is needed and supported by the Community, and explain what benefits will your project/initiative deliver to the Koorda community?

Name any other group/individuals that will be involved in the project? (please attach letters of support)

If you are applying for funds for equipment, describe what the equipment is and what it will be used for in the future?

If your application is unsuccessful, or only partly funded, in the CGP, how will the project be delivered?



PROJECT INCOME

Please note that applications with multiple funders/contributors are favoured.

PLEASE INCLUDE ALL IN-KIND AND CASH CONTRIBUTIONS.

Use <https://gstcalculator.com.au/> to obtain the amounts excluding GST.

In-kind hours: Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations in-kind hours for the project.

PROPOSED PROJECT INCOME	BUDGET (ex GST)	STATUS
<i>For example: CGP grant request</i>	1,000	Unconfirmed
<i>For example: Own organisation cash contribution</i>	500	Confirmed
<i>For example: Own organisation in-kind contribution</i>	200	Confirmed
<i>For example: Lotterywest Grant</i>	2,000	Pending
Total Income:		

PROJECT EXPENDITURE	BREAKDOWN (ex GST)	FUNDING SOURCE
<i>For example: Newspaper Advertisement</i>	500	CGP
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<i>For example: Venue hire</i>	200	Own organisation in-kind contribution
<i>For example: Bouncy castle hire</i>	2,000	Lotterywest
Total Expenditure:		

DECLARATION FROM ORGANISATION

We declare that the organisation we represent does not operate for profit and the information given in this document is true and accurate. We agree to abide by CGP Guidelines and funding received will be used for the purpose nominated in this application.

Signed by TWO senior members of organisation:

Full name:		Full name:	
Position title:		Position title:	
Signature:		Signature:	<i>CMoone</i>
Date:		Date:	

DECLARATION FROM AUSPICE ORGANISATION (if applicable)

We declare that no funding will be returned to the auspice organisation in the form of fees, administration, costs, etc. We agree to manage the funds on behalf of _____ and abide by the CGP Guidelines.

Signed by TWO senior members of organisation:

Full name:		Full name:	
Position title:		Position title:	
Signature:		Signature:	
Date:		Date:	

CHECKLIST

Please ensure you have:

- ☐ Read the application guidelines carefully
- ☐ Completed **ALL** sections of the Application Form
- ☐ Attached copies of quotes/pricing for all expenditure requested through the CGP
- ☐ Attached a copy of the Certificate of Currency for Public Liability Insurance
- ☐ Attached a Letter of Support from the auspice organisation (if applicable)
- ☐ Attached a Statement of Supplier (if applicable)
- ☐ Attached a Project timeline (if applicable)
- ☐ Attached any Letters of Support from other groups.

For assistance with your application or to have it proofed before submission, please email to dceo@koorda.wa.gov.au

Please send this application via one of the following:

Mail

Shire of Koorda
PO BOX 20, Koorda WA 6475

Email

dceo@koorda.wa.gov.au

In person

10 Haig Street, Koorda



The Trustee for Veron and Petty Trading Trust

Floorball Culture
Unit 1 - 117 Ewing Street Welshpool 6106
Phone: +61403612800
contact@floorballculture.com.au
www.floorballculture.com.au
ABN: 59 348 101 818

Quote

Quote number
FC24093

Issue date
24/11/2025

Expiry date
08/12/2025

Bill to

Sian
Koorda Hockey Club
Koorda WA 6475
Australia

Ship to

Sian
Koorda Hockey Club
Koorda WA 6475
Australia

Item ID	Description	UoM	Qty	Unit price (\$) including tax	Tax	Amount (\$) including tax
FBCL-1600-GL	FBCL 1600 Goal Cage		2	295.00	GST	590.00
5219115	Oxdog Bullet 95cm 5 x Yellow, 5 x Blue		1	350.00	GST	350.00
5219115	Oxdog Bullet 85cm 5 x Yellow, 5 x Blue		1	350.00	GST	350.00
3018301-1652-085	Salting Campus 34 stick set 75cm 5 x Magenta 5 x Lime		1	300.00	GST	300.00
95069990	Oxdog Rotor Floorball White		50	3.00	GST	150.00
DIST-13900	Stickbag Unihoc (20 Sticks)		1	75.00	GST	75.00
DST-4157826-1301	Aero Ball Barrel		1	70.00	GST	70.00

Notes

Shipping TBC.

Tax \$171.36

Total amount
including tax

\$1,885.00

27 November 2025

Marsh Pty Ltd
ABN 86 004 651 512
727 Collins Street
MELBOURNE VIC 3008

CERTIFICATE OF CURRENCY

GPO Box 1229
MELBOURNE VIC 3001
Tel 1300 130 373
Email sport@marsh.com

INSURED

HOCKEY AUSTRALIA LIMITED, HOCKEY WA, HOCKEY NSW, HOCKEY TASMANIA, HOCKEY SA, HOCKEY ACT, HOCKEY NT, HOCKEY QLD AND HOCKEY VICTORIA including all leagues, associations and clubs affiliated, affiliated directly or indirectly with Hockey Australia Limited, Hockey WA, Hockey NSW, Hockey Tasmania, Hockey SA, Hockey Act, Hockey NT, Hockey QLD And Hockey Victoria; registered members and non-participating officials including coaches, referees, voluntary workers including co-opted voluntary workers, club committee members, office bearers, medical officers and prospective members for the up to four weeks after initial approach

CLUB NAME

Including Koorda Ladies Hockey Club

(For the Business of Hockey as more clearly defined in the policy wording)

INSURANCE CLASS

Combined Liability Insurance

SITUATION

Australia Wide

INTERESTED PARTIES

None

PERIOD OF INSURANCE

From: 31 December 2024 at 4pm Local Time (VIC)

To: 31 December 2025 at 4pm Local Time (VIC)

INTEREST INSURED

Legal liability to third parties for bodily injury and property damage arising out of the activities of the Insured

LIMITS OF LIABILITY

Public Liability	\$20,000,000 each and every occurrence
Products Liability	\$20,000,000 in the aggregate
Professional Indemnity	\$10,000,000 in the aggregate
Management Liability	As per the policy schedule

INSURER

Sportscover

POLICY NUMBER

PMEL99/0119410

INTERESTED PARTIES

Any Council, Shire, School or Government Department from whom the above named leases and/or hires and/or rents or uses with written permission land and/or buildings shall be indemnified for claims brought against the Council, Shire, School or Government Department for which The Insured becomes legally liable to pay compensation.



Rikki Johnston
Principal – Corporate Sport
Marsh

This certificate of currency provides a summary of the policy cover and is current on the date of issue.

It is not intended to amend, extend, replace or override the policy terms and conditions contained in the actual policy document.

This certificate of currency is issued as a matter of information only and confers no rights upon the certificate holder. We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or in transmitting this certificate by email or for any loss, damage or expense thereby occasioned to any recipient of this letter.



Shire of
Koorda

Drive in, stay awhile

Koorda Community Grants Program (CGP) Application Form

Round 1: Applications open on 1 July and close 31 July.
To be considered at the Public Ordinary Council Meeting
in August. Acquittal Due: 28 February.

Round 2: Applications open on 1 November and close 30
November. To be considered at the Public Ordinary
Council Meeting in December. Acquittal Due: 25 June.

Late applications will not be accepted.

APPLICATION ROUND/YEAR	
Which financial year are you applying for? (Eg; 2024/2025)	2025
What round are you applying for? (Eg; Round 1)	Round 2

APPLICATION ROUND/YEAR	
Group/organisation name:	St John WA - Koorda Sub-branch
Postal address:	PO Box 28, Wyalkatchem Wa 6485
ABN:	55028468715 <i>If your group/organisation does not have an ABN please complete and attach a Statement by Supplier form available on the ATO website.</i>
Does your group/organisation have Public Liability Insurance?	<input checked="" type="checkbox"/> Yes (please attach a copy of your Certificate of Currency) <input type="checkbox"/> No - you will need an auspicing organisation to apply for the CGP that has a Certificate of Currency)
Is your group/organisation (or auspicing organisation) registered for the Goods and Services Tax (GST)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is your group/organisation an Incorporated Association, Not for Profit Company or any other type of institution? (Please tick all that apply)	<input type="checkbox"/> Incorporated Association <input checked="" type="checkbox"/> Not for Profit Company or charity <input type="checkbox"/> Other (please specify) _____ <i>If you are not an Incorporated Association, Not for Profit Company, charity or other appropriate organisation you must have an auspicing organisation that will manage the funds and provide a Certificate of Currency for Public Liability Insurance.</i> <i>Please attach a letter of support from the auspicing organisation and a copy of their Certificate of Currency.</i>

ABOUT GROUP/ORGANISATION

Briefly describe your group/organisation's aims?

St John Ambulance services play a vital role in the healthcare system, providing rapid medical assistance and transport to individuals in urgent need. Their primary aim is to deliver timely, effective, and compassionate care to patients experiencing medical emergencies, accidents, or other health crises.

The services/activities your group/organisation provide to the community?

Beyond emergency response, St John Ambulance is involved in a variety of health promotion activities. They offer public awareness campaigns on topics such as heart health, defibrillator use, First aid training. Mobile first aid posts and health checks have been provided at community events.

Which are your main target groups?

- | | | |
|---|----------------------------------|---|
| <input checked="" type="checkbox"/> General Community | <input type="checkbox"/> Women | <input type="checkbox"/> Aboriginal and Torres Strait Islander people |
| <input type="checkbox"/> Children 0-10 | <input type="checkbox"/> Men | <input type="checkbox"/> People with disabilities and/or carers |
| <input type="checkbox"/> Youth 11-25 | <input type="checkbox"/> Seniors | <input type="checkbox"/> Other (please specify) _____ |

If your application is successful, how will you recognise the Shire of Koorda's contribution to this project?

- | | |
|---|--|
| <input type="checkbox"/> Press release | <input type="checkbox"/> Banners/Posters |
| <input checked="" type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Equipment: a sticker or plaque attached, where possible, on the item/s purchased recognising the Shire's contribution. |
| <input checked="" type="checkbox"/> Social Media | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Flyers | |

Has your organisation received funding from the Shire in the last two years?

Please note you cannot apply twice for the CGP in one financial year (this includes the Community Financial Assistance Program).

- ☒ No - skip to Project Details
- ☐ Yes - please answer below questions

If applicable, please list the years and amounts of funding from the Shire in the last two years.

Year: _____ Amount: _____

Year: _____ Amount: _____

If applicable, has your organisation provided an acquittal to the Shire for each grant?

- ☐ Yes - The organisation's acquittal has been received by the Shire.
- ☐ No - If a previous grant has not been acquitted with the Shire you are not eligible to apply.

PROJECT DETAILS	
Project Title	Storage room
<p>Please outline your project/funding request? Currently, medications are stored in a shared space that is not purpose-built or adequately equipped to meet the latest safety and compliance standards. This arrangement presents risks related to temperature control, security, and inventory management.</p> <p>Project Objectives</p> <ul style="list-style-type: none"> • To construct a secure, temperature-controlled medication storage room. • To ensure compliance with local and national medication storage regulations. • To minimise medication loss, damage, and expiry through improved inventory management. • To enhance staff efficiency and patient safety by streamlining medication access and handling. 	
Funding Requested (excluding GST)	5000
Total Project Cost (excluding GST, please include in-kind and financial sources and contributions)	15295
<p>On what date/dates will your project/initiative start and finish? (Please attach a timeline for you project if applicable) Early 2026 from start to finish hopefully within the month</p>	
<p>How and where will your project/purchases take place? At the Koorda Sub-branch on Allenby street in Koorda</p>	
<p>What is your group/organisation's contribution to your project? Please include in-kind and financial sources and contributions. Grain Drive Fundraiser along with other fundraising. Total of \$10295 to be funded excluding GST</p>	
<p>How many people do you anticipate will attend your event or participate in your project/initiative once completed? (reference should be made to those anticipated to attend/participate from within the Shire of Koorda, and those from the outer regions) No event at this stage, but we made plan a walk threw/ open day for the Shire of Koorda after the project is complete</p>	

Explain how you know the project is needed and supported by the Community, and explain what benefits will your project/initiative deliver to the Koorda community?

Having a storage room will allow us to provide more effective pain relief to the community when in need. It will also help us keep our current medication stored in a temperature controlled room allowing more effective storage.

Name any other group/individuals that will be involved in the project? (please attach letters of support)

The Community of Koorda/Wyalkatchem that has donated.

If you are applying for funds for equipment, describe what the equipment is and what it will be used for in the future?

If your application is unsuccessful, or only partly funded, in the CGP, how will the project be delivered?

More fundraising

PROJECT INCOME

Please note that applications with multiple funders/contributors are favoured.

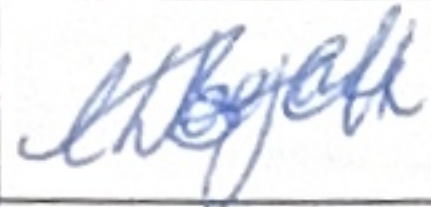
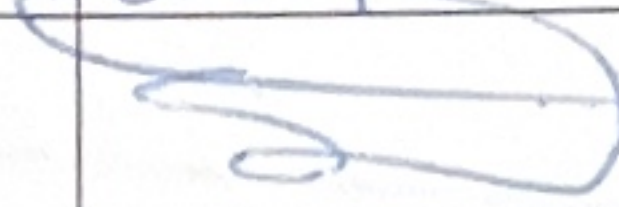
PLEASE INCLUDE ALL IN-KIND AND CASH CONTRIBUTIONS.

Use <https://gstcalculator.com.au/> to obtain the amounts excluding GST.

In-kind hours: Please visit <https://volunteeringwa.org.au/resources/volunteer-benefits-calculator/> to determine your organisations in-kind hours for the project.

PROPOSED PROJECT INCOME	BUDGET (ex GST)	STATUS
<i>For example: CGP grant request</i>	1,000	Unconfirmed
<i>For example: Own organisation cash contribution</i>	500	Confirmed
<i>For example: Own organisation in-kind contribution</i>	200	Confirmed
<i>For example: Lotterywest Grant</i>	2,000	Pending
Total Income:		

PROJECT EXPENDITURE	BREAKDOWN (ex GST)	FUNDING SOURCE
<i>For example: Newspaper Advertisement</i>	500	CGP
<i>For example: Purchase of chairs and tables</i>	500	CGP
<i>For example: Venue hire</i>	200	Own organisation in-kind contribution
<i>For example: Bouncy castle hire</i>	2,000	Lotterywest
Total Expenditure:		

DECLARATION FROM ORGANISATION			
We declare that the organisation we represent does not operate for profit and the information given in this document is true and accurate. We agree to abide by CGP Guidelines and funding received will be used for the purpose nominated in this application.			
Signed by TWO senior members of organisation:			
Full name:	Chloe Bell	Full name:	Steven Petchell
Position title:	administration Officer	Position title:	Chairperson
Signature:		Signature:	
Date:	25/11/2025	Date:	25/11/25

DECLARATION FROM AUSPICE ORGANISATION (if applicable)			
We declare that no funding will be returned to the auspice organisation in the form of fees, administration, costs, etc. We agree to manage the funds on behalf of _____ and abide by the CGP Guidelines.			
Signed by TWO senior members of organisation:			
Full name:		Full name:	
Position title:		Position title:	
Signature:		Signature:	
Date:		Date:	

CHECKLIST
Please ensure you have:
<input checked="" type="checkbox"/> Read the application guidelines carefully
<input checked="" type="checkbox"/> Completed ALL sections of the Application Form
<input checked="" type="checkbox"/> Attached copies of quotes/pricing for all expenditure requested through the CGP
<input checked="" type="checkbox"/> Attached a copy of the Certificate of Currency for Public Liability Insurance
<input type="checkbox"/> Attached a Letter of Support from the auspice organisation (if applicable)
<input type="checkbox"/> Attached a Statement of Supplier (if applicable)
<input type="checkbox"/> Attached a Project timeline (if applicable)
<input type="checkbox"/> Attached any Letters of Support from other groups.

For assistance with your application or to have it proofed before submission, please email to dceo@koorda.wa.gov.au

Please send this application via one of the following:

Mail

Shire of Koorda
PO BOX 20, Koorda WA 6475

Email

dceo@koorda.wa.gov.au

In person

10 Haig Street, Koorda



Preference to use a local supplier to complete works. Pending outcome of grant and grain drive, may use other providers if enough funds aren't raised.

Ian and Amanda Sanders
Po Box 43, Bencubbin WA 6477
Mobile: 0427 851 213
Email: ics@icscarpentry.com

St Johns

Scope and Quote for the installation of room at the the Koorda Sub Centre

1. Frame up walls timber walls with 1 x doorway 2040 x 820.
2. Install R2.0 insulation to walls complete.
3. Line walls int/ext with gyprock flush jointed and sanded ready for painting.
4. Install 75mm cove cornice int/ext .
5. Instal skirting boards int/ext and paint.
6. Paint walls 1 x coat sealer and two coats colour to match existing room.
7. Instal door with vent, undercoated and top coat door (colour?) door to have lockwood combination lock and handle.
8. Electrician to install new Fujitsu A/C unit to room complete.

\$15,295 plus gst

Please sign to acknowledge your agreement for work commencement and payment for the satisfactory completion of the above scope of works.

Name: _____ Signiture _____

Wyalkatchem Electrical and Air Conditioning Services

Mobile: 0418 952 856

EC 000623 AU 26722 ABN: 35 154 605 811

Email: macca.djmelectrical@bigpond.com

46 Wilson St Wyalkatchem WA 6485

QUOTE

0166

Dr. To:

SI TOMS / EADT.
ACCORDA.

Date:

2/11/25.

SAI

1 x SUM MITSUBISHI
SPLIT SGT. IN ROOM UNIT.
NO TRUL ROOM.

\$ 2100

RE-LOCATE LIGHT

EST. \$250.

LABOUR TIME WILL APPLY IF
NONE ON DIFFERENT DATE.
\$50.

Comments:

WYALKATCHEM ELECTRICAL AND
AIRCONDITIONING SERVICES
THANK YOU

SUB TOTAL

GST

TOTAL (inc GST)

2100

210

2310



19819 Great Eastern Highway
Kellerberrin WA 6410
0487344560
campbell@acdcarpentry.com.au

Quote
ABN: 76 610 984 996

Quote # 163
13th November 2025

Jo Mcnee
St Johns Koorda
23 Allenby St
Koorda WA 6475

JOB DESCRIPTION:

Build in drug room

DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
Supply and install the following 70 x 35 pine timber frame to build two walls roughly 4.9m in total length R2.0 insulation bats Gyprock Re to internal and external of the two walls 820 x 2040 solid timber door with vent added door jamb/architrave/stop and all door furniture travel included in price	1	\$4,460.00	\$4,460.00
Flush plaster and put 75mm cove cornice up Completed by 3D gyrocking	1	\$3,000.00	\$3,000.00
paint all areas of new walls and door in white completed by wheatbelt painters *this one is just an estimate as they will do a firm pricing when the see the job in person*	1	\$1,750.00	\$1,750.00
SUBTOTAL:			\$9,210.00
GST:			\$921.00
TOTAL:			\$10,131.00

TERMS AND CONDITIONS:

I have read and agree to the terms and conditions.

.....
Customer Signature

Thank you for your business, have a great day!

30 September 2025

TO WHOM IT MAY CONCERN

Certificate of Currency Public & Products Liability

Policy Ref: 158851

This certificate of currency provides a summary of cover and is current on the date of issue. It is not intended to amend, extend, replace or override the terms and conditions contained in the actual coverage document. This certificate of currency is issued as a matter of information only and confers no rights upon the certificate holder. We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or in transmitting this Certificate by email or for any loss, damage or expense thereby occasioned to any recipient.

INSURED

St John Ambulance Western Australia Ltd
St John Ambulance Australia (WA) Inc
St John Ambulance Association in Western Australia Inc
St John Ambulance Australia – WA Ambulance Service Inc
Apollo Health Pty Ltd

ABN AND ITC DETAILS

ABN 55 028 468 715 ITC 100.00%

BUSINESS

24 hour emergency ambulance response and transport
Patient transfer and transportation,
Industrial medical services inclusive of labour hire arrangements,
Clinical Research & Education placements
Operation of Surge Capacity units & emergency department initiatives
inclusive of doctors and nursing staff and other clinical personnel,
Health clinics inclusive of both employed and contracted GP and medical
room rentals,
Dental and imaging services,
Urgent care centers,
Community care, commandery functions, fellowship, friends of St John,
First aid training courses including sales of first aid equipment and
products,
First Responder Application program,
Leasing of ambulances and other medical equipment,
Recruitment and training of volunteer work force,
Event health services
Property owners and/or occupiers and/or associated activities past or
present.

PERIOD OF INSURANCE

From: 30 September 2025 at 4 PM Local Standard Time

To: 30 September 2026 at 4 PM Local Standard Time

Any subsequent period for which the Insured has requested and the Insurer has accepted renewal.

INTEREST INSURED

All sums which the Insured will become legally liable to pay to for Compensation (including but not limited to Additional Payments and expenses and amounts owing or liability incurred in respect of or arising out of a claim for recovery or contributions made pursuant to any legislation) in accordance with the law of any country or assumed under contract or agreement in respect of:

- a) Personal Injury
- b) Property Damage
- c) Advertising Liability

first happening during the Period of Insurance as a result of an Occurrence within the Territorial Limits as stated herein and happening in connection with the Insured's Business or Products.

LIMITS OF LIABILITY**General Liability and Advertising Liability**

\$20,000,000 any one Occurrence

Products Liability

\$20,000,000 in aggregate during any one Period of Insurance in respect of claims arising from Products.

INSURER

This policy will be arranged through:

NAME	%	POLICY #
AAI Limited T/As Vero Insurance	100.000%	LCB013985297

Refer to the insurer's policy document for full details of terms, conditions and exclusions.

Claims Made Policy

For this policy, all claims or possible claims must be notified to the insurer during the current policy period. The insurer will not provide indemnity for claims or possible claims notified after the policy expires.

Felicity Cowan



Managing Principal, Corporate, Western Australia