

## **BUILDING INCLUSIVE COMMUNITIES WA 2021 APPLICATION FORM**

## **Details of Organisation**

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Name of Local Government Authority or Organisation:	
Street Address:	
Postcode:	
Postal Address:	
Postcode:	
Office Phone:	
Office Fax:	
Website Address:	
ABN:	
Finance Manager Name:	
Finance Manager Contact:	
Full Name:	
Title:	
Direct Phone:	
Mobile Phone:	
Email Address:	
Organisational fit	the leading Calutiana Ciffus a manyida baiaf dataila (manyimuuna
of 100 words)	th Inclusion Solutions? If yes, provide brief details. (maximum



Why does your orgaproject? <i>(maximum</i>	anisation wish to be pa of 300 words)	art of the Building	Inclusive Communitie	es WA
oromote social inclu community events)	e, projects, services or in Susion (such as an Acce Region ? How will these align in Region imum of 300 words)	ess and Inclusion	Plan or socially inclu	sive



Do you have strong existing relationships with clubs and community groups within your community? If so, what are some of these groups? (maximum 200 words)		
Communication, Contribution and Commitment		
How will you promote the Building Inclusive Communities WA project and the opportunities to your clubs and community groups to be involved? (maximum 200 words)		
How will your organisation assist in the delivery of the Building Inclusive Communities WA project? (such as providing venues, resources, in-kind support)? (maximum of 200 words)		



Does your organisation commit to building a relationship with the Inclusion Solutions team and staying in regular contact to discuss opportunities, challenges and project progress? What steps will you take to ensure this? (maximum 200 words)		
Outcomes and Reporting		
What does your organisation want to achieve from this initiative and how will you ensure that these achievements have lasting impact? (maximum 300 words)		
As part of the Building Inclusive Communities WA, each participating Local Government Authority or organisation will be required to contribute to reporting on project outcomes. Inclusion Solutions will provide a reporting template to assist with this process. How will your organisation monitor, track and record progress and outcomes? (maximum 300 words)		



## Consent

that each participat	cive Communities WA project is supported by Lotterywest. I understand cing Local Government Authority or organisation is required to contribute a 200 (plus GST) to be an active partner in the project.
☐ I agree	
	e Building Inclusive Communities WA project, I agree to the expectations at's Involved in the Project' on the Information Sheet.
Full Name:	
Title:	
Organisation:	
Signature	
Date:	

## **Submission Details**

This application is to be submitted 'in person' or 'electronically' (via email) by 5pm, Friday 19 February 2021.

In person: Unit 3/59 Walters Drive, Osborne Park WA 6017.

Via Email: info@inclusionsolutions.org.au

For more information, please contact:

Zoya Yukhnevich Inclusion Consultant | Inclusion Solutions P (08) 9443 7226 E zoya.yukhnevich@inclusionsolutions.org.au