

# Community Grants

## Application Form

### I. Organisation/group:

Name:		
Contact Person:		
Registered address:		
		Postcode:
Postal address (if different to above):		
		Postcode:
Telephone:	(AH):	(BH):
Facsimile:		Email:
Website:		

Please provide your organisation's or your auspice organisation's Australian Business Number (ABN).  
**(Note: If you do not have an ABN, you are NOT eligible to apply for grants unless a Statement by Supplier is provided with the application form)**

Are you registered for GST? Yes  No

### 2. Title of project/activity:

# Community Grants

## Application Form

### 3. Project/activity description:

3.1 *Objectives of this project/activity.*

3.2 *How will you manage the project?*

3.3 *What will be the natural resource management benefits from this project/activity?*

3.4 *What will be the community benefits from this project/activity?*

# Community Grants

## Application Form

3.5 What is the project timetable (ie anticipated start/finish dates)?

3.6 Where is the location of the project/activity?

3.7 If you are not the land manager, do you have the land manager's consent

Yes  No

If yes, provide written verification.

### 4. Financial Information:

4.1 Total Community Grant sought for this project/activity? \$\_\_\_\_\_

4.2 Proposed budget for the project/activity (GST Inclusive)

Item (please list)	Funds requested	In Kind Support	Sub Total
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

# Community Grants

## Application Form

4.3 What other sources of funding have been sought for this project/activity?

Funding bodies (please list)	

## 5 Further Information

*Provide any further information, which will support this application.*

## 6 Eligibility Criteria:

6.1 *Is the organisation/group non-profit-making?*

Yes  No

6.2 *Is the organisation/group legally incorporated?*

Yes  No

6.3 *Is the organisation/group fully insured?*

Yes  No

6.4 *Does your organisation/group have OH&S, Risk Assessment plans/procedures?*

Yes  No

# Community Grants

## Application Form

### 7. Organisation/group details:

7.1 *List the aims and objectives of your organisation/group*

--

7.2 *Is the organisation/group based in Bass Coast Landcare Network area?*

Yes  No

7.3 *Do you rely mainly on volunteer support to achieve the aims of your group?*

Yes  No

7.4 *Detail how your organisation/group is structured (ie Committee of Management, President, Secretary, Treasurer):*

--

7.5 *What is the membership profile of your organisation/group?*

Number of members	
-------------------	--

### 8. Authorisation of Application:

I certify that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of the applicant organisation.

I have read the accompanying guidelines.

I agree to contact Bass Coast Landcare Network in the event that any information regarding this application changes or is found to be incorrect.



# Community Grants

## Application Form

Name (please print):	
Organisation name:	
Position in organisation:	
Signature:	
Name (please print):	
Organisation name:	
Position in organisation:	
Signature:	
Date:	

Completed application forms should be submitted to the Bass Coast Landcare Network Office at the address listed below.

Please refer to the Community Grants Guidelines before submitting this application and make sure you have filled in all parts of this application form. Please note that incomplete applications will be returned and not assessed until full information is supplied.

For further assistance please call 5678 2335