



APPLICATION FORM 2017 - CATEGORY 2

Name of Organisation Applying for Funding: _____
Council Area: _____
Primary Contact Details: _____
Title: _____ Name: _____ <small>e.g. Mr/Mrs/Ms</small>
Postal Address: _____
Suburb: _____ State: _____ Post code: _____
Phone: _____ FAX: _____
Email: _____
Secondary Contact Person Details:
Title: _____ Name: _____ <small>e.g. Mr/Mrs/Ms</small>
Phone: _____ FAX: _____
Email: _____

If your application for funding is successful you will be required to:

- make an appropriate level of acknowledgement of the funding source for the project;
- complete an evaluation form at the end of the project.

Has your organisation received ClubGRANTS funding from clubs before? Yes No
If yes, in what year, for what purpose and how much?

1. Please provide a short outline of your project (what you are going to do or provide, e.g. details of your event, service, product etc).

2. Briefly summarise what your organisation does (e.g. what is the purpose of your organisation, what special groups are you involved with etc)?

3. Who will be the main beneficiary/target group/client group for the project? Please be specific (e.g. men, women, children with learning difficulties).

4. How will you manage and deliver this project? (How will you ensure it achieves its aims?)

5. How will you monitor and evaluate this project?

6. What is the proposed commencement date and completion date for the project?

7. Have you applied, or do you intend to apply, to any other registered club or any other funding body for this project (including applications in other areas)?

Yes No

If yes, please identify:

FINANCIAL INFORMATION

8. What is the total amount of ClubGRANTS funding you are seeking for this application?

\$

9. Will your project still be viable if you receive less than the requested amount?

Yes No

10. Please outline below the project budget for your proposal, including funding from this source (ClubGRANTS) and any other funding sources.

Budget Item	ClubGRANTS	Other funding sources
Salaries (specify position)		
Fees (specify – eg, sessional staff, tutors etc)		
Administration		
Program costs (including telephone, stationery, postage, audit, promotion)	50,000	

• Capital equipment		
• Rent		
• Other (please specify)		
Total funds		

11. Please attach a copy of your last annual report including financial statements. Have you attached the report? Yes No

12. Please state your ABN/GST status:

ABN
GST Status

13. Please provide your organisation's banking details

Account Name:
BSB:
Account No:

ADDITIONAL INFORMATION:

14. Is your organisation a non-profit organisation? Yes No

15. Is your organisation incorporated? Yes No

If yes, please indicate which form of incorporation below:

- A company limited by guarantee
- A co-operative
- An incorporated association
- An unincorporated association
- Other – please detail below: