

Grant Application Form

Community Support

APPLICANT DETAILS:

Full name of Organisation:			
Postal Address		Postcode	
Contact Person			
Contact Numbers	(W)	(AH)	(FAX)
Email			
Position held within Group/Organisation			

CERTIFICATION:

To be signed by the Chair or Chief Executive of the organization.

- I certify that to the best of my knowledge the statements made within this application are true.
- I understand that if the Barcoo Shire Council approves a grant, I will be required to accept the conditions of the grant in accordance with Barcoo Shire Council as outlined in the grant application guidelines.

Name:			
Position in Organisation:			
Signature:		Date:	

GRANT DETAILS:

Amount applied for \$

Have you previously received a grant from the Council?

If YES, please give details of the grant received, name of the project, the date it was received and the date it was acquitted.



ORGANISATION DETAILS:

Status of Organisation

- Incorporated Association (attach a copy of Certificate of Incorporation)
- Company Limited by Guarantee Date of formation _____
- Cooperative Registration No. _____
- Established Community Group
- Other (provide details)
- Does your organisation have an ABN? YES ABN No. _____

Is your organisation able to provide a 'Statement by a Supplier' indicating a reason for not quoting an ABN (refer guidelines)? If yes, please attach a "Statement by a Supplier". Yes No
 N/A

Is your organisation GST registered? Yes No

Is your organisation a constituted body? Yes No

If YES, attach a copy of your Certificate of Incorporation

If NO, provide the following details of a suitable non-profit organisation that has agreed to receive and administer the grant on your organisation's behalf. Please ensure you attach a letter of agreement and a photocopy of the organisation's Certificate of Incorporation or equivalent. If you are an individual, please write "individual" in the Organisation Name and disregard the following fields.

Administering Organisation Name:			
Postal Address		Postcode	
Contact Person			
Contact Numbers	(W)	(AH)	(FAX)
Email			
Position held within Group/Organisation			
Does the administering organisation have an ABN?			
<input type="checkbox"/> Yes > ABN No.		<input type="checkbox"/> No	

Is your organisation able to provide a 'Statement by a Supplier' indicating a reason for not quoting an ABN (see guidelines)? If yes, please attach a 'Statement by a Supplier' Yes No

Is your organisation GST registered? Yes No



Number of organisation members:

Board members are:

Please describe the structure of your organisation in terms of: the staff (paid and volunteers), functions and members and/or service users.

DETAILED DESCRIPTION OF THE PROJECT:

Purpose of the grant:

Where and how do you propose to expend the grant?:

Does your organisation have any other source of funding? Yes No

If YES, please outline all other sources of funding:

What is the purpose (objectives) of your project?

What benefits will the project bring to your community/shire and specifically who will it benefit?

Who will be involved in the project

When and where will the project take place?

How do you propose to promote the project to the community?

Other information that may assist your application (please attach a separate page if necessary):

Signature of Applicant _____

Date: _____

OFFICE USE ONLY

Date received: _____

Date submitted to Council: _____

Approved: Yes No

Amount approved: \$ _____

ATTACHMENT 1

Project income and expenditure

(This is for example only. Please supply details of your own actual items of income and expenditure).

Income	Total \$		Expenditure	Total \$
TOTAL \$			TOTAL \$	

Please note: The total expenditure and income must be the same, as the budget must balance.

