



Tronox Management and Shire of Dandaragan

**2023 / 2024 APPLICATION FOR FINANCIAL ASSISTANCE
TOWARDS THE PROVISION OF
SPORTING AND RECREATION FACILITIES**

(A copy of this application is available electronically on Council's website – www.dandaragan.wa.gov.au)

NAME OF ORGANISATION: _____

GST STATUS: Registered for GST _____ Not registered for GST _____

INCORPORATION STATUS: Incorporated _____ Not Incorporated _____

ABN: _____

POSTAL ADDRESS: _____

EMAIL CONTACT: _____

**BEFORE COMPLETING THIS APPLICATION FORM
PLEASE READ AND ADHERE TO THE ATTACHED GUIDELINES**

PROJECT NAME: _____

PROJECT DESCRIPTION: (Provide full details of project or equipment)

PROJECT LOCATION: (Provide details of where the project or equipment is to be located)

USAGE: (Provide details of the usage expected, eg number of times per year/week)

TOTAL COST: (Provide full details of project or equipment costs)

\$

Note: This application must be accompanied by a copy of your organisations most recent financials including profit and loss statement, balance sheet, and bank statement to ensure you can meet the cost of the entire project (see grant guidelines)

GRANT REQUESTED: (Maximum grant is 50%)

\$

OUTLINE THE DEMAND FOR THE FACILITY:

OUTLINE HOW THIS PROJECT WILL AID OR IMPROVE SPORTS AND RECREATION FACILITIES OR SERVICES TO THE COMMUNITY:

OUTLINE COMMUNITY CONSULTATION: (Any supporting information or letters of support from other community organisations)

INDICATE ANY SOURCES OF OUTSIDE FINANCIAL ASSISTANCE THAT HAVE BEEN APPLIED FOR THIS PARTICULAR PROJECT AND THE AMOUNT RECEIVED:

FOR APPLICATIONS WHERE \$5,000 OR MORE IS REQUESTED FROM THIS FUND, INDICATE THE STATUS OF OTHER FUNDS APPLIED FOR TO COMPLEMENT THIS PROJECT:

CHECKLIST:

	TICK
1. Have you read, understood and adhered to the guidelines?	()
2. Have you ensured you have completed every question on the application form?	()
3. Have you provided a copy of your organisation's financial position with reconciliation and current bank statement?	()
4. Have you provided copies of quotations for the total project costs?	()

NAME OF OFFICER COMPLETING APPLICATION: _____

CONTACT PERSON: _____

PHONE (during office hours): _____

EMAIL: _____

SIGNATURE: _____ **DATE:** _____