



APPLICATION FOR COMMUNITY GRANT

1. APPLICANT / ORGANISATION

Name of organisation: _____

Address: _____

Telephone: _____

Email: _____

President / Chairperson: _____

Secretary: _____

Treasurer: _____

Name of Event, Project, or initiative: _____

Is your organisation an incorporated body? Yes No

ABN Number: _____

What specific community needs will be satisfied by the project? Please demonstrate how have these needs been identified? E.g. committee meeting, social media, previous event attendance or comments, statistics, member survey etc.

Community partnerships:

Will this activity / project involve other community groups or organisations?

Please list the group and what they will be contributing to this proposal.

Group or organisation name:	How is this group involved and what they will be contributing to this proposal:	Please state if confirmed or unconfirmed

Is the aim of this event to raise funds? If yes, what will the funds generated be used for?

ASSISTANCE REQUESTED (financial and/or in kind support)

Complete the following budget table for your proposal:

Projected Income:	
Donations/sponsorship	\$
Entry fees/ gate takings	\$
Sales	\$
Contribution from applicant	\$
Other funding sources: Shire of Dandaragan Grant	\$ \$ \$
Total income:	\$

In Kind Contributions	
Labour - number of hours (estimate)*	\$
Total value of in kind support:	\$

Expenditure	
Hire / venue charges	\$
Promotions / advertising / postage	\$
Insurance	\$
Consumables	\$
Other (please define)	\$
Wages	\$
Total expenditure:	\$

Please list how funds will be expended, including the name of supplier, description of items and costing (e.g. Skate Pro Inc. 2 hrs skate clinic for 20 people \$500) or provide copies of supporting information (e.g. quotes):

The Shire of Dandaragan will require evidence of how the funds have been expended. Should your application be successful, will you provide copies of invoices as part of an acquittal process?

Yes No

Is this project/activity already underway, or has it been completed?

Yes No

Signature: _____
President / Chairperson

Print Name: _____
President / Chairperson

Date: _____