



APPLICATION FORM - CATEGORY 2 FUNDING

Name of Organisation Applying for Funding: _____
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?

Signature of Chairperson/Management Representative

Full Name: _____

Date: _____

1. Please provide a short outline of your funding request (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. What local need does your funding request address?

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

5. How will you monitor and evaluate this funding?

6. Has your application been supported by any other community organisations or do you intend to work in partnership with any other organisation for this funding? (Please provide contact name and telephone number of the supporting organisation/s):

7. What is the proposed commencement date and completion date for this funding?

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

Yes

No

If yes, please identify:

FINANCIAL INFORMATION

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

\$

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

Yes

No

11. Please state your ABN/GST status:

ABN _____ GST Status _____

12. Please provide your organisation's banking details

Account Name: _____

BSB No: _____ Account No: _____

ADDITIONAL INFORMATION:

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

14. 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:
-