** Community Grants Project**

**Support Program**

**2016 / 17**

**Application Form**

Please read the Guidelines prior to completing your application. For enquiries or assistance with your application, please contact Council’s Treasury Officer on 9956 6940.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | **Applicants Details** | |  | | | | |  | |
| **DETAILS OF YOUR GROUP / ORGANISATION** | |  | Organisation | |  | | | | | | |
| Address | |  | | | | | | |
| Postal Address | |  | | | | | | |
| Number of Members | |  | | | | | | |
|  | ABN Number | |  | | | | | | |
|  | Contact Name | |  | | | | | | |
|  | Contact Phone | |  | | | | | | |
|  | Contact Email | |  | | | | | | |
|  | |  |  | | | | | | | | |
| **BRIEFLY OUTLINE THE NATURE OF YOUR ORGANISATION AND IT’S PRIMARY PURPOSE** |  | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
| **BRIEF DESCRIPTION OF PROGRAM FOR WHICH FUNDING IS REQUESTED** |  | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
| **GRANT AMOUNT REQUESTED (up to $2,000)** |  | | $ | |  | **TOTAL PROJECT COST** | |  | $ | | |
|  |  | |  | |  | |  | | | |  |
| **IS THIS A ONE-OFF PROJECT?** |  | |  | **Yes** | | | | | | | |
|  | **No** | | | | | | | |
|  |  | |  | | | | | | | | |
| **MAIN LOCATION OF ACTIVITIES FOR THIS PROJECT** |  | |  | | | | | | | | |
|  |  | |  | |  | |  | | | |  |
| **HOW DID YOUR ORGANISATION IDENTIFY THE NEED FOR THIS PROJECT?** |  | |  | | | | | | | | |
|  |  | |  | |  | |  | | | |  |
| **PLEASE DEMONSTRATE THE IMPACT THE PROJECT WILL HAVE ON THE RESIDENTS OF GREATER GERALDTON** |  | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
| **WHAT LEVEL OF SUPPORT HAS THE PROJECT RECEIVED FROM OTHER RESOURCES?** |  | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
| **HOW DOES THE PROJECT ALIGN WITH THE CITY OF GREATER GERALDTON’S STRATEGIC COMMUNITY PLAN?** |  | |  | | | | | | | | |
|  |  | |  | | | | | | | | |

**DECLARATION**

I, the undersigned, certify that I have been authorised to submit this application and that the information contained herein and attached is to the best of my knowledge true and correct. I have noted the above requirements and agree to abide by them.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position Held: |  |
| Signed: |  | Date: |  |

Please forward completed application marked “Community Grants Project Support Program to

**POST:** Treasury Officer **DELIVER:** Treasury Officer **EMAIL:** [council@cgg.wa.gov.au](mailto:council@cgg.wa.gov.au)

City of Greater Geraldton City of Greater Geraldton

PO Box 101 Cathedral Avenue, Geraldton OR

GERALDTON WA 6531 Cnr Padbury and Thomas Streets, Mullewa