



2018 COMMUNITY GRANTS SCHEME APPLICATION FORM

About Your Group;

Group Name: _____

Group ABN: _____

Incorporation No: _____
(If your Group is not incorporated, please contact CGSC office)

Contact Person: _____

Postal Address: _____

Email Address: _____

Telephone: _____ Mobile: _____

What year was your group established? _____

Demographic of your group? Female _____ Male _____ Under 18 _____

Does your organisation have any membership criteria? *(If so, what are they)*

Has your group received a total of \$1,000 or more from Council's
Community Grants Scheme over the past 3 financial years? Yes/No
(If Yes, please refer to the Guidelines – your Group may not be eligible to apply in this round)

About the Project;

Project title and brief description

Project Funding;

(An example to assist in completion of this section can be found in the guidelines)

Income

What contributions will your organisation be making to the total cost of the project, what contribution are you requesting from the Community Grants Scheme, and will you be sourcing other funding?

| FUNDING SOURCE | AMOUNT | CONFIRMED |
|---|--------|----------------|
| Requested from Council | \$ | Not applicable |
| Cash Sponsorships | \$ | Yes / No |
| Other Government Funding (Federal or State) | \$ | Yes / No |
| Organisation Cash Contribution | \$ | Yes / No |
| In Kind Contributions | \$ | Yes / No |
| Total Income for Project | \$ | |

Expenditure

How the money will be spent (*attach quotes if possible*).

| ITEM | AMOUNT |
|--------------------------------------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Expenditure for Project | \$ |

Note: The total cost of the project should equal the total income

APPLICANT'S DECLARATION;

(This declaration needs to be signed by two members of the group, one of whom must be the Chairman).

"We declare that we have been authorised by the applicant group to prepare and submit this application to Central Goldfields Shire Council for the Community Grants Scheme. We further declare that the information included in this application is true and correct."

| | |
|---------------------------|----------------------|
| Name: _____ | Name: _____ |
| Position: Chairman | Position: _____ |
| Telephone: _____ | Telephone: _____ |
| Email address: _____ | Email address: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |

Please note:

- ***Applicants are advised to refer to the Grant Scheme Guidelines when completing this application form.***
- ***Closing date for applications is Friday 11 May 2018***
- ***Late applications will not be accepted.***
- ***If you need assistance filling out this application form please contact:
Eveline Ord on 5461 0610 or email evelineo@cgoldshire.vic.gov.au***
- ***Completed application forms and all attachments are to be forwarded to -
Central Goldfields Shire Council
Community Grants Scheme
PO Box 194
MARYBOROUGH VIC 3465
Or hand delivered to 22 Nolan Street Maryborough.

Or emailed to mail@cgoldshire.vic.gov.au***