



APPLICATION FORM - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: _____

ABN: _____

Council Area: _____

Is your organisation a non-profit organisation? Yes No
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:

Primary Contact Details: _____

Title: _____ Name: _____
e.g. Mr/Mrs/Ms

Postal Address: _____

Suburb: _____ State: _____ Post code: _____

Phone: _____ FAX: _____

Email: _____

Secondary Contact Person Details:

Title: _____ Name: _____
e.g. Mr/Mrs/Ms

Phone: _____ FAX: _____

Email: _____



IMPORTANT INFORMATION

TO APPLY:

Forward the completed application to admin@coomaexservices.com.au

For ASSISTANCE:

Read the ClubGRANTS Unite. Our Community Program on our website.

REMINDERS:

- In relation to Category 2 grants, applicants should liaise directly with individual ClubGRANTS clubs in their local area – a listing is provided on the ClubsNSW website.
- Please do not attach lengthy covering letters or appendices to your application.

FURTHER INFORMATION: Please call Cooma Ex-Services Club on 6452 1144.

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.

Q1. Project Name: _____

Q2. Project Sponsors (if applicable):

Q3. Please provide an outline of your project (what you are going to do or provide, e.g. details of your event, service, product etc).

Q4. Which of the following community priorities below does your project address? Please tick ONE (1) BOX ONLY.

- A1 - family support/emergency or low cost accommodation
- A2 - child protection/child care
- A3 - counselling services
- A4 - aged, disability or youth services
- A5 - victims of natural disasters
- A6 - volunteer emergency services
- A7 - veteran welfare services
- B1 - neighbourhood centre/youth drop in activities
- B2 - community transport services
- B3 - community education programs
- B4 - tenants services
- B5 - state-wide or regional services developing social policies and/or providing advocacy for local communities
- C1 - early childhood health/child and family services
- C2 - community nursing/therapy/mental health services
- C3 - drug & alcohol/palliative care/women's health/aboriginal health/dental services
- C4 - home and community care and disability services
- C5 - health promotion initiatives
- D1 - employment placement/advocacy services
- D2 - group training companies
- D3 - community enterprises
- D4 - local job creation scheme

Q5. Who will your program benefit?

- Children (0-14 years)
- Young People (15-24 years)
- Women
- Families
- Older People (65+ years)
- People from non-English speaking backgrounds
- Aboriginal and Torres Strait Islanders
- People with disabilities
- Emergency services
- General population

Q6. How many local residents will your project benefit?

Recipients: _____
Volunteers: _____

Q7. If you expect indirect beneficiaries, who might they be?

Q8. What impact do you hope to have on your identified local community priority needs?

Q9. How will you know that you have made a difference (and measure your outcomes?)

Q10. What is the proposed commencement date and completion date for the project?

Q11. Does the project need to be followed up after completion? If yes, how?

Q12. What are your plans to ensure that the benefits of the project will be sustained (that is, continue after the project has finished and/or there is no more funding available?)

Q13. Are you working with other partners in this project, or have you asked for support from anyone else?

Yes No

Q13a. If yes, please provide contact details:

Q14. Is anyone else doing a similar project in this LGA with your target group?

Yes No Not known

Q14a. If yes, who? Have you spoken to them about collaboration/ ensuring non-duplication of services?

Q15. Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? If yes, please give details (how much, which program):

Q16. What is the total amount of ClubGRANTS funding you are seeking for this application?

\$

Q17. Can your project be broken down into smaller sections for part-funding? If so, how?

Q18. Have you applied, or do you intend to apply, to any other registered club or funding body for this project (including applications in other areas)?

Yes No

If yes, please identify:

Q19. Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area in which you are applying?

Yes No

Q19a. If no, approximately what percentage will be spent outside the local area?

Q20. Has your organisation received funding from the ClubGRANTS scheme before? Yes No

Q20a. If yes, in what year, for what purpose and how much?

Note: Organisations that have not submitted their report / progress forms will not be considered for further funding.

Q21. Please outline below the project budget for your proposal, including funding from this source (ClubGRANTS) and any other funding sources. E.G. salaries, program costs, capital equipment, rent, etc.

Income		Expenditure	
Description	\$	Description	\$
TOTAL INCOME	\$	TOTAL EXPENDITURE	\$

**If more room is required, please attach extra information on a new page.*

Q21a. Please provide your organisation's banking details

Account Name: _____

BSB No: _____ **Account No:** _____

Q21b. If the club wishes to provide a cheque, please advise as to who the cheque should be made out to for this purpose:

Q21c. Please attach a copy of your last annual report including financial statements, if applicable

Declaration, Authority and Consent

The applicant declares that the application information is true and correct. The Applicant will notify the Local Committee and/or club of any changes to this information and any circumstances that may affect this application.

The applicant authorises and consents to the Local Committee and/or Club:

1. Referring this application (as necessary) to external experts for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative funding opportunities.
2. Disclosing the Application Information to ClubsNSW and to ClubsNSW collecting, aggregating, having access to, using, disclosing and publishing the Application Information for a ClubsNSW purpose.

“Application Information” means all information and data (including email and personal information) provided within this document.

“ClubsNSW Purpose” means:

- a) To quantify the social contribution made by registered clubs by the making of grants; and
- b) To use, disclose and publish the Application Information which it collects and aggregates from Clubs in ClubsNSW’s capacity as an advocate on behalf of the Club industry.

I understand that this is an application only and may not necessarily result in funding approval.

I am authorised to submit this application and agreeing to the Declaration, Authority and Consent.

I have read and agreed to the above.

Authorised Person:

Title: _____ First Name: _____ Last Name: _____

Position: _____

Contact Number: _____

Signature: _____ Date: _____

Please forward completed applications to admin@coomaexservices.com.au
