



APPLICATION FORM - CATEGORY 1 FUNDING UNDER \$1000

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

Q2. 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

Q3. Will ALL the ClubGRANTS funding you have requested be spent within the Local Government Area in which you are applying?

Yes No

Q3a. If no, approximately what percentage will be spent outside the local area?

Q4. 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):

Q5. 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:

Q6. What is the total amount of ClubGRANTS funding you are seeking for this application?

\$

Q7. Will your project still be viable if you receive less than the requested amount?

Yes No

Q8. Has your organisation received funding from the ClubGRANTS (formerly CDSE) scheme before?

Yes No

Q8a. 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.

Q9. 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.*

Q9a. Please provide your organisation's banking details

Account Name: _____

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

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
