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| **2019 Community Grant Program****STANDARD APPLICATION FORM** |

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| **PROJECT NAME** |

**SECTION ONE - ORGANISATION DETAILS**

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| Name of Organisation  |
| Main Activity of Organisation |
| Location Address |
| Mail Address |
| Website |
| HEAD OF ORGANISATION (CEO or equivalent)NamePosition Title  |
| Telephone  | Mobile | Email  |
| Project Manager (if different to Head of Organisation) NamePosition TitleDepartment |
| Telephone | Mobile  | Email  |
| ABN Number:  |
| Does your organisation have: DGR (Deductible Gift Recipients) Item 1 Charitable Organisation Status 🞎 Yes 🞎No ITEC (Income Tax Exempt) Status 🞎 Yes 🞎NoACNC Registration (Australian Charities & Not For Profit Commission) 🞎 Yes 🞎NoPlease provide a copy of endorsements if applicable |
| **Amount Requested $** |
| Is your organisation audited annually? 🞎 Yes 🞎No*If YES please provide copy of your most recent audited accounts AND/OR YEAR TO DATE FINANCIALS or a copy of Annual Report if it includes this information.If NO please provide your most recent financial statements and yearly budget figures.* |
| Name auditor or treasurer | Email | Telephone  |

OTHER

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| Committee OR Department Management (Office Bearers Only) |
| Position HeldPresidentSecretaryTreasurer  | Name 1)2)3)  |
| Staffing Responsible for Project (Title & Name) |
| Title1)2)3) | Name1)2)3) |
| Organisation’s location? |
| 🞎 Albury City | 🞎 City of Wodonga |
| 🞎 Alpine Shire | 🞎 Federation Shire |
| 🞎 Greater Hume Shire | 🞎 Indigo Shire |
| 🞎 Towong Shire | 🞎 Snowy Valleys Shire |
| Which region/s will beneficiaries of your project come from?  |
| 🞎 Albury City | 🞎 City of Wodonga |
| 🞎 Alpine Shire | 🞎 Federation Shire |
| 🞎 Greater Hume Shire | 🞎 Indigo Shire |
| 🞎 Towong Shire | 🞎 Snowy Valleys Shire |

REFEREE

Please provide the name and contact details of an external referee who knows your organisation well

and who would be prepared to support your application. Letters of support should form part of your application.

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|  Organisation Name |
| Contact Person  |
| Position |
| Telephone | Mobile | Email |
|  |  |  |

FUNDING

Please provide details of any other funding for this project

|  |  |  |  |
| --- | --- | --- | --- |
|  Funding Body | Year | Approved/Declined | Current Status |
|  |  |  |  |
| Has your organisation previously received funding from Border Trust? Year / Project / Amount? |

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| **SECTION TWO – PROJECT DETAILS**  |
| 1. PROJECT NAME
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| 1. WHAT DOES YOUR ORGANISATION DO?

*An overview focusing on the activities and programs you deliver*. |
| 1. PROJECT DESCRIPTION

*Summary of your project*. |
| 1. WHY DOES THIS WORK NEED TO BE DONE?

*The specific issue or need you want to address. How have you identified the issue / need?* |
| 1. WHAT WILL YOU DO? *Include specific activities that will take place, when they will occur and where they will take place.*
 |
| 1. WHO WILL BENEFIT?

*The specific target population that will participate in and/or benefit from this project,including number of people, age, gender, region and other demographics.* |
| 1. TIME FRAME

*When will the project commence? What is the anticipated time frame of the project?* |
| 1. EXPENDITURE

*What specifically within the project will this grant be used for?* |
| 1. PROJECT BUDGET

*Provide a project budget including:INCOME: details of other funding (confirmed & applied for) & include in kind contributionsEXPENDITURE: breakdown of individual line items (eg, equipment, travel, admin, etc)* |
| 1. WHAT ARE THE EXPECTED OUTCOMES?

*Outcomes are the effects on participants/beneficiaries from their involvement in the project. What do you want to achieve with the project?* |
| 1. HOW WILL YOU MEASURE THE PROGRAM’S SUCCESS?

*Outline measures of success for the project* |
| 1. PROJECT SUSTAINABILITY

*How will the project be sustained following the funding period?* |
| 1. EVALUATION & ACQUITTAL OF THE PROJECT.

(note : you will be required to provide acquittal information and evaluation at project end)*How will you judge whether your project was successful?* *How will you measure whether you reached the people you set out to reach?**What sort of records will you keep (e.g. minutes of meetings, records of events, number of participants)?* *Who will you involve in assessing how well the project worked (e.g. participants, community members, service providers)?* *How will you obtain your information for your evaluation (e.g. survey, interviews, group discussions)?* |

**SECTION THREE - DECLARATION**

The signatory below is HEAD OF THE ORGANISATION (CEO or equivalent) and has been authorised to seek funding on its behalf.

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| *I HEREBY CONFIRM THAT all details contained within this Application (Section 1 and Section 2) are a true reflection of the status of our organisation and the project we wish to undertake.* |
| Organisation Name |
| Name: (*Head Of Organisation - CEO or equivalent*)  |
| Position: |
| Signature | Date |

## CHECKLIST FOR COMPLETION OF FULL APPLICATION

* Read document “General Information for Grant Applicants”
* Submit your application by the closing date 5.30pm Friday 15th March 2019 to mail@bordertrust.org.au
* An original plus one copy of full application and associated documentation have been provided, via mail to PO Box 3288 Albury NSW, including:
* Australian Tax Office status documentation (DGR & TCC) if applicable
* ABN & ACNC Registration
* Financial reports (most recent balance sheet & income statements)
* References
* Budget
* Completed Declaration by Authorised Representative
* An electronic copy emailed to Border Trust
* Retained copy for records
* Section Two does not exceed five single-sided A4 sheets
* The application is typed
* All questions have been answered
* The Declaration Document has been signed by Head of Organisation

**The 2019 Community Grant Round is Proudly Supported By:**

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