

OFFICE USE ONLY:

Application Number

GRANT APPLICATION FORM

FUND NAME (please advise name of community fund to which you are applying, as per funding opportunities)

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APPLICANT DETAILS (please be concise but include all relevant information)

Organisation / Group Name		
Contact Person		
Job Title / Role		
Postal Address		
Phone	Fax	Mobile
E-Mail	Website	ABN

Is your Organisation / Group registered for GST?		
GST	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have either of the following endorsements?		
DGR	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please provide documentation of any endorsements)
TCC	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please provide documentation of any endorsements)

Organisation Description	
<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Community group <input type="checkbox"/> Charitable organisation	<input type="checkbox"/> Special interest group <input type="checkbox"/> Government agency (local) <input type="checkbox"/> Other (please specify)

Community Description – describe your community and community engagement / consultation plans.

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Project Name

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Project Description – outline your project and its objectives (i.e. what you hope to achieve)

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Project Start Date	Project End Date	Net Amount Requested \$	
		GST \$	
		Total Amount Request \$	(inc GST)

Project Purpose – identified community benefit in the short and long term (i.e. how will it build community capacity?)

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Project Outcomes – detail outcomes / how impact measured? (e.g. number of people reached; success etc)

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Which priority focus areas would you include in your project?

<input type="checkbox"/> Aged care	<input type="checkbox"/> Environment
<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Health
<input type="checkbox"/> Child Care	<input type="checkbox"/> Indigenous
<input type="checkbox"/> Community Development	<input type="checkbox"/> Research
<input type="checkbox"/> Culture	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Disability	<input type="checkbox"/> Youth
<input type="checkbox"/> Education and training	<input type="checkbox"/> Other

OTHER FUNDING

Funding Body	Value \$
	\$

CHECKLIST

- I have read the Western Australian Community Foundation grant guidelines before completing this application.
- I have liaised with a relevant Western Australian Community Foundation team member.
- I understand that the project must be completed and the grant acquitted as advised by the Foundation.
- I have completed all required sections of the application form.

Please include:

- Copy of Certificate of Incorporation.
- Copy of Deductible Gift Recipient Certificate.
- Copy of Tax Concession Charity endorsement.
- Quotations / Estimates

Support Materials

Please note materials sent in support of your application unfortunately cannot be returned.

Please endeavour to send copies, not originals.

Submitting your Application

Signed and completed applications must be submitted by the due date. Please refer to the community fund distribution guidelines for further information.

Applications will be accepted via:

- e-mail applications@wacf.org.au (please note a scanned signed copy is required)
- post PO Box 3348, PERTH WA 6832 (applications accepted post-marked by closing date)
- in person Level 1, 231 Adelaide Terrace, PERTH

DECLARATION

The person with delegated authority must sign this declaration.

I have read the Western Australian Community Foundation's granting guidelines.

I certify that all information provided is current and correct. Furthermore, I give permission to the Foundation to contact any relevant persons or organisations in the processing of this application.

Signed: _____
Name: _____
Position: _____
Date: _____