

# Strathfieldsaye & Districts Community Enterprise Community Grants Project



## **APPLICATION CHECKLIST**

***Please ensure that all items have been checked before submitting this application:***

- Completed the project description
- Consulted with another group where this is a “partnership application”
- The proposal produces positive outcomes for Strathfieldsaye & Districts Community Enterprise
- Full costings have been provided and copies of quotes provided
- Application signed by the appropriate person (Chairperson, President, Principal or other) and application submitted on time.
- All relevant sections of application form complete

**\*\* Note: Unless copies of quotes have been provided the application will not be considered**

**Please send completed applications by the designated closing date either to the [chair@strathce.com.au](mailto:chair@strathce.com.au) or hard copy to PO Box 327, Strathfieldsaye 3551.**

# PROJECT APPLICATION FORM

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All relevant sections of the application **must be completed**. Additional information to support your application may be attached. Applications should be mailed to the address provided.

## Section A: ORGANISATIONAL DETAILS

### 1.1 Nominated Recipient for Funds (to whom payment will be made):

Name of group, club, school or individual.	
Contact Person	
Position	
Postal Address	
Telephone	
Fax	
E-mail	
ABN (if applicable)	

### 1.2 Partner Organisations:(if any)

#### (a)

Name of School/Agency	
Contact Person	
Position	
Postal Address	
Telephone	
Fax	
E-mail	
ABN	

#### (b)

Name of School/Agency	
Contact Person	
Position	
Postal Address	
Telephone	
Fax	
E-mail	
ABN	

**Section B: GENERAL PROJECT INFORMATION**

**WHICH OF THE FOLLOWING CATEGORIES BEST APPLIES TO THE PROJECT YOU WISH TO BE FUNDED? (please tick one or more)**

- Improving education opportunities.(eg Scholarships for local students, School community projects)
- Projects that would result in the improvement of health, fitness and well being of Strathfieldsaye and Districts Community
- Support for infrastructure projects, (bricks and mortar)
- Enhancement of Art, Cultural and Youth programs.
- Environment projects
- Other (please explain)\_\_\_\_\_

<b>Name of Project</b>	
<b>Name of lead agency</b>	
<b>Total funds applied for</b>	<b>\$</b>
<b>Number of participants expected to benefit from the project</b>	
<b>Project aim</b> <b>(the “What”)</b>	
<b>Project target group:</b> Is there are specific group in Strathfieldsaye or Districts that will benefit from this funding? <b>(the “Who”)</b>	
<b>Reason for targeting this group</b> <b>(the “Why”)</b>	
<b>Brief outline of your project proposal</b> <b>(the “How”)</b>	

**Please identify expected outcomes for this project?** How will this project benefit the Strathfieldsaye and Districts Community?

Expected outcome	How it will be measured

Proposed date for commencement (the "When")	
Proposed date for the completion of the project	

**What other funding sources have you sought? Please list and describe if they were successful or not, or what stage the application is at.**

SOURCE	AMOUNT

**What type of resources are you, the organisation or partnership committing to the Project?**

RESOURCE	ORGANISATION

**Section C: PROJECT BUDGET**

Please complete the following Budget Table for your proposed project:

ITEM	COST \$ (GST inclusive)
<b>Expenditure</b>	
1. <b>Staffing Expenses:</b> Is this to employ staff?	
2. <b>Hire of Facilities:</b>	
3. <b>Equipment:</b>	
4. <b>Operating Expenses:</b>	
5. <b>Consumables:</b> (ie. Supplies etc)	
6. <b>Other Expenses:</b> (Please Specify)	
<b>7. TOTAL PROJECT COST:</b> (Add numbers 1 – 6)	
<b>Other Income</b>	
8. <b>Applicant Contribution-Income Provided by Applicants or other Funding Bodies:</b>	
9. <b>“In kind” contribution (labour etc)</b>	
10. <b>Other Income:</b> (Please Specify)	
<b>11. TOTAL PROJECT INCOME:</b> (Add numbers 9 – 11) <b>** Ensure all quotes are attached to the application</b>	
<b>12. Difference/Shortfall</b>	
<b>13. Total amount requested from SDCE</b>	

Please provide details of any in-kind contributions made by applicants:

(eg. volunteers; use of facilities; use of equipment or supplies; transport; etc)	Equivalent Expense (\$)

Please provide details of your Organisations support (current or future) for SDCE fundraising activities?

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How do you propose to support the SDCE?

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**Section D: Management Approval of Application**

**All applications must have Chairperson, President, School Principal, Agency or CEO approval in order to be considered.**

Name of Project: .....

I confirm that if this application is approved I will agree to any audit process that Strathfieldsaye and Districts Community Enterprise may require. I also agree to providing Strathfieldsaye and Districts Community Enterprise with an evaluation of this project as well as allowing photos for publicity.

I agree that the decision of the Strathfieldsaye and Districts Community Enterprise board is final.

SIGNATURE ..... Date:...../...../.....

Name & Position (CEO/Principal/Manager/President)	
Organisation	

**Acknowledgement of Partner Organisation/s**

Signed: (CEO/Principal/Manager/President)	Date:
Organisation	
Signed: (CEO/Principal/Manager/President)	Date:
Organisation:	