

## Community Assistance Fund Application Form

### Organisational Details

Organisation name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Is your Group/Organisation Incorporated Yes / No **or**

Is your Group Auspiced by an Incorporated Organisation Yes / No

If you answered **No** to the above question please contact the Community Development Officer at the Shire of Murray prior to continuing your application.

Does your Organisation have an ABN: Yes / No ABN: \_\_\_\_\_

Is your organisation registered for GST: Yes / No

President of Organisation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Briefly describe the primary activities that are undertaken by your group/organisation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the current membership and/or volunteer numbers in your group/organisation.

\_\_\_\_\_  
\_\_\_\_\_

### Project

Project Title: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Preferred Contact person for the project: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Community Assistance Fund Application Form

1. Provide a brief description of the project:

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2. Detail the aim(s) and objectives of the proposed project:

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3. Indicate which criteria the project will achieve?

<input type="checkbox"/>	Build Community Capacity/Skills
<input type="checkbox"/>	Increase access to Services or Information
<input type="checkbox"/>	Hosting an Event
<input type="checkbox"/>	Value and Celebrate diversity within the Community
<input type="checkbox"/>	Other:

4. Please detail the assistance you require from the Shire of Murray. Outline the cash and in-kind support you are requesting.

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## Community Assistance Fund Application Form

### Budget

Please provide an outline of the proposed budget for the project. Identify all streams of income (cash and in-kind) and the expenditure required to undertake the project. (Please quote all figures excluding GST)

#### Income:

Income	Source	Cash Amount	In-kind
Shire of Murray	Community Assistance Fund		
Other Grants			
Fees/Charges to participants			
Sponsorship/Contributions			
<b>Total Income</b>			

#### Expenses:

Expenses	Details	Amount
Materials/Equipment		
Advertising		
Venue/Equipment Hire		
Transport/Travel		
Other		
<b>Total Expenditure</b>		

## Community Assistance Fund Application Form

### Description of Target Audience

Please complete the following:

Age Range:	
Gender:	Female/Male/Both
Specific Ethnic or Cultural Group(s):	
Disability Group(s):	

### Promotion and Marketing

Describe how you will promote and market the project to the target audience:

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### Required Acknowledgement

How will the Shire of Murray's contribution to the project be acknowledged?

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### Authorisation

This application must be signed by a person with authorised delegation of the organisation being the President, CEO or similar position.

*I certify that the above information is to the best of my knowledge, true and correct.*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_