

Can Do Communities Small Grant Application Form

Title of Project:

Amount of funding Requested (GST exclusive):

Applicant

Name of Organisation:

ABN:

Are you registered for GST? Yes / No

Contact Person:

Position: *(Chairperson, Secretary etc.)*

Email:

Telephone:

Mailing Address:

Organisation Bank Account Name:

Bank:

BSB:

Account Number:

Auspicing Body *(if applicable)*

Name of Organisation:

ABN:

Are you registered for GST? Yes / No

Contact Person:

Position: *(Chairperson, CEO etc.)*

Email:

Telephone:

Mailing Address:

Organisation Bank Account Name:

Bank:

BSB:

Account Number:

Auspecting Body *(if applicable)*

Auspecting Body Declaration

I _____ on behalf of _____
agree to perform the function of auspice on behalf of _____

I understand that _____ will be responsible for expenditure
and acquittal of funds received as a result of this grant application.

Signed _____ Date _____

Project description

Please provide a description of your project answering the following:

- What is it you want to do - what are the project outputs?
- Why do you want to do it - what's the problem you are addressing?
- Who will benefit from this project?
- What will change as a result of the project - what are the project outcomes?
- Where will the project be undertaken?
- Do you have any project partners and if so, what do they bring to the project?
- What's the project timeline?

Project Budget

Please quote all amounts as GST exclusive.

Activity	Funding requested from BSWRRG	Group or other cash contribution	Group or other in-kind contribution
----------	-------------------------------	----------------------------------	-------------------------------------

Continued on next page

Activity	Funding requested from BSWRRG	Group or other cash contribution	Group or other in-kind contribution
----------	-------------------------------	----------------------------------	-------------------------------------

TOTAL

Signatures

The Application must be signed by at least two members of your group.

We confirm that we agree to the funding conditions set out in the Can Do Communities small grant guidelines 2019-2020 and that the information provided in our application is true and correct.

Name:

Position in Group:

Signed _____ Date _____

Name:

Position in Group:

Signed _____ Date _____

Application Checklist

Please check that you have:

- Completed all section of this form
- Provided an auspice if you are not incorporated
- Provided signatures of at least two group members
- Provided your bank account details
- Provided your ABN

Application Submission

Completed forms can be submitted via post or email to:

Barwon South West Waste and Resource Recovery Group
PO Box 82
BELMONT VIC 3216
info@bswrrg.vic.gov.au

Declaration: BSWWRRG is collecting this information for the purpose of supporting waste and resource recovery activities. The information collected in this form is used only for the purposes contemplated by this form (primary purpose) and is not passed to third parties. In some instances, however, disclosure is required by law or is necessary for the protection of persons or property. Where this occurs, BSWWRRG will take every reasonable step to ensure your privacy is protected in accordance with the Information Privacy Act 2000 (Vic). Should you need to change or access your personal details, or require further information please contact BSWWRRG on 5223 2622. To be filled in and submitted to Barwon South West Waste and Resource Recovery Group within 3 months of the completion of the project.