



# COMMUNITY ASSISTANCE PROGRAM 2018/2019

## COMMUNITY HEALTH AND WELLBEING APPLICATION FORM

- Please read the Community Assistance Program Policy and Guidelines before completing this application.
- Attach all essential additional information and supporting documentation to the application form.
- Keep a copy of the application for your records.
- Late or incomplete applications will not be accepted.

### 1. APPLICANT DETAILS:

1.1 Name of Organisation: \_\_\_\_\_

1.2 ABN Number: \_\_\_\_\_ Are you registered for GST? Y/N

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

1.4 Contact Person: \_\_\_\_\_

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

1.6 Contact Details: Phone: \_\_\_\_\_

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

1.7 Bank Account Details: \_\_\_\_\_

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**2. PROJECT/PROGRAM DETAILS:**

2.1 Please provide a brief description of the project or program for which funds are sought:

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2.2 Describe how this project or program will promote and encourage social inclusion:

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2.3 Describe how this project or program will improve community wellbeing:

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2.4 Describe how your club/group/organisation will contribute to the project/program:

(a) Cash contribution: \_\_\_\_\_

(b) In-kind (labour/materials/other): \_\_\_\_\_

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2.5 Approximate number of people this project or program will benefit:

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**3. AMOUNT OF FUNDING SOUGHT FROM THE COMMUNITY ASSISTANCE PROGRAM:**

3.1 Amount of funding sought:

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3.2 Will the project/program proceed if partial funding is granted?

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**4. DECLARATION AND UNDERTAKING BY APPLICANT:**

I, the person making this application, declare that:

- I have read and understood the guidelines for the Kingston District Council Community Assistance Program.
- The information supplied in this application is accurate and complete.

If Council agree to offer funding assistance to the project or program, the organisation I represent will undertake to observe the following conditions:

- To use the funds only for the purpose outlined in this application.
- To acknowledge the contribution by Council towards the staging of the project or program.
- To complete and return the Acquittal Form by end of the financial year in which the funding was provided.

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_