

Application Form: Local History Grants Program 2009-10

Section 1A Applicant details

Name of Organisation: _____

Authorised person Title: _____ First name: _____ Last name: _____

Position: _____

Postal address: _____

Town/Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Is your organisation registered as an incorporated body? Yes No

If your organisation is not incorporated, you must arrange for a legally constituted organisation to manage the grant funds.

Will you be using a different organisation to manage your grant funds? Yes No

Section 1B Grant Funds Manager

(Complete if you require a different organisation to manage the grant).

Name of Organisation: _____

Authorised person Title: _____ First name: _____ Last name: _____

Position: _____

Postal address: _____

Town/Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Has the auspice organisation agreed to manage the grant on your behalf? Yes No

Section 1C Financial Management Details

(Provide your organisation's details if your organisation is incorporated. If the application is being managed by a different organisation, provide details of the managing organisation).

Does the organisation have an Australian Business Number (ABN)? Yes No

Please provide the organisation's ABN: _____

Type of organisation (please tick) Incorporated Association Other (please specify): _____

Section 2 Project Overview

Project name: _____

What are you going to do? Describe your project in one or two sentences.

What will it achieve? What community memories and stories will be preserved? Which communities will be able to access them? What are the community benefits of the project (volunteer skills learned, 'networks' established)? What is the ongoing value of the project? How long can the group maintain the project and its results? How long will the benefits last for?

Section 4 Project Budget

Please provide details of the income and expenditure for your project (excluding GST) noting that total income should equal total expenditure.

INCOME	\$	EXPENDITURE	\$
Amount requested from this program		External Consultant/Training Provider	
Funds from your organisation		In-kind labour	
In-kind from your organisation		Travel & Accommodation	
Business Contribution		Equipment & Materials	
Local Government		Printing	
Philanthropic Contribution		Production	
		Advertising / Launch	
Other (please specify)		Other (please specify)	
TOTAL INCOME		TOTAL EXPENDITURE	

Declaration

I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify PROV of any changes to this information and any circumstances that may affect this application. I acknowledge that PROV may refer this application to external experts or other Government Departments for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant funding opportunities. I understand that PROV is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, PROV will consult with the applicant before any decision is made to release the application or supporting documentation. I understand that this is an application only and may not necessarily result in funding approval.

Signature*:

Date:

Printed name:

Position:

*To be signed by a person with delegated authority to apply, i.e. Chairperson, Secretary, Public Officer or Treasurer.