SECTION 2 – Application form

KENDALL COMMUNITY OP SHOP INC.
Community Grants Program

APPLICATION FORM 2024

PART 1 - GENERAL INFORMATION

Name of Group/Organisation applying: ....

Postal Address: . . . . Post Code: . . . .

Contact Person 1: . . . . Position: . . . .

Phone Number (Daytime): . . . . Email..........: . . . .

Contact Person 2: . . . . . Position: . . . .
Phone Number (Daytime): . . . . Email.........: . . . .

Group/Organisation Australian Business Number (ABN) ... ...

Background of Group/Organisation: ………………………………………………………
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Is the group incorporated?   **Yes / No**
(If you do not have an ABN and you are not incorporated (and you are not auspiced) you are ineligible for funding)
Is the Group/Organisation GST registered?   **Yes / No**

(Only complete the section below if your application is being auspiced).
Name the group who will be auspicing the project:
....

Postal Address: . . . . Postcode: . . . .

Contact Person 1: . . . . Position: . . . . Phone Number

(Daytime): . . . . Email....................... . . . .

Contact Person 2: . . . . . Position: . . . .

Phone Number (Daytime): . . . . Email.........: . . . .

Group/Organisation Australian Business Number (ABN) ... ...

Is the group incorporated?   **Yes / No**
(If you do not have an ABN and you are not incorporated (and you are not auspiced) you are ineligible for funding)

Is the Group/Organisation GST registered?　　　　　　　**Yes / No**

Total Cost of Project	$	} This should be the same as
Amount sought from The Op Shop	$.	} the amount in the budget.

PART 2 - PROJECT INFORMATION
Please read Advice for Preparing an Application Form

A)　　DESCRIPTION OF THE PROJECT:(What is the project?)

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B)　　AIMS/OBJECTIVES OF THE PROJECT:(What will the project do? Provide in dot points.)

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C)　　SPECIFIC NEED/S THAT THE PROJECT ADDRESSES: (as met by aims/objectives of B).

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D)　　BENEFIT OF THE PROJECT: (What is the benefit to the group and the community?)

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E)   COMMUNITY INVOLVEMENT (DIRECTLY & INDIRECTLY) IN THE PROJECT: (How will you get people involved?)

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FI)   OUTLINE OF THE PROJECT TIMELINE: (When will the project happen / how long will the project take? Please attach outline if additional space required)

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G)   HOW WILL THE PROJECT BE EVALUATED AND BY WHOM? (PROVIDE DETAILS OF EVALUATION MECHANISMS). (What is the actual result at the end of the project?)

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H)   ARE OTHER FUNDING SOURCES AVAILABLE/ BEING PURSUED FOR THIS PROJECT?

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I)   PROVIDE THE FOLLOWING DETAILS IN SUPPORT OF THIS APPLICATION.
   - Please provide 2 quotes for projects over $500.00 / 1 quote for projects under $500.00
   - Please provide a full and transparent financial statement as at 31/12/2023 (refer Grant

Criteria)
- Please provide details of any other grants received or grants applied for

. . . .

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Project Costs
(Specify type of costs associated with running your project, i.e. administrative, materials, equipment, labour, etc)

. . . . $

. . . . $

. . . . $ **AMOUNT RECEIVED FROM OTHER SOURCES FOR THE PROJECT**
(Specify source of contribution, i.e. corporate sponsorship, govt. grant, etc)

. . . . $

. . . . $

. . . .
                                                                                          $ SUB TOTAL $

TOTAL COST OF THE PROJECT $

AMOUNT SOUGHT FROM OP SHOP COMMUNITY GRANTS PROGRAM $
(This should be the same as the amount on the front page)

PART 3 - PROJECT BUDGET STATEMENT

Kendall Community Op Shop Inc. accepts no responsibility for any deficit incurred by this project

SIGNED: . . . .   DATE: . . . .   SIGNED: . . . .   DATE: . . . .

NAME: . . . .   POSITION: . . . .   NAME: . . . .   POSITION: . . . .

Please forward completed application form to: *The Secretary, Kendall Community Op Shop Inc., PO Box 60, Kendall. NSW 2439*
NOTE: APPLICATIONS & FINANCIAL STATEMENT TO BE RECEIVED BY 5PM Friday 9th February 2024