



COMMUNITY GRANTS APPLICATION FORM

APPLICANT DETAILS

Full Name of Group / Organisation: _____

Postal Address: _____

Contact Person: _____

Contact Number: _____

Email: _____

Position held in Organisation: _____

CERTIFICATION

To be signed by the Chair or Person and Treasurer of the organisation:

- I certify to the best of my knowledge the statements in this application are true and correct;
- I understand that if NPARC approves a grant, I will be required to accept the conditions of the grant in accordance with Council Community Grants Policy
- Failure to meet these conditions may result in ineligibility for future community grants for a period of three years

Name: _____ (Chair /President)

Signature: _____ Date: _____

Name: _____ (Treasurer)

Signature: _____ Date: _____

ELIGIBILITY (Please tick)

- Debt free from Council
- Community based and providing services to residents of the NPA
- Project will be completed within the financial year
- Operating on a non-for-profit basis or providing a project for non-commercial gain

PREVIOUS GRANTS

Have you previously received a grant/donation from Council? Yes/No

If Yes, please give details of the monies received, name of the project and the date received:

NEW PROJECT/ACTIVITY DETAILS

Project/Activity Details. Please attach any relevant supporting documentation

Please describe how your program/project/event will benefit the NPA:

Proposed commencement date and duration of program / project:

Main location of activities:

Total Cost of Activity / Project: _____

Support requested:
