



Shire of
Perenjori
Embrace Opportunity

Perenjori Public Benefit Trust Grant Application

- Please provide as much information as possible in the spaces allocated
- Responses must be provided to all questions
- Please add attachments if further detail or space is required.
- This Application and attachments will become the property of the Perenjori Public Benefit Trust and will not be returned.

Section 1: Contact Details

| | |
|---|--|
| Name of organisation / group: | |
| Postal Address: | |
| Street Address: | |
| Contact Person: | |
| Position of contact person in the organisation / group: | |
| Business hours telephone: | |
| Mobile: | |
| Email: | |

Section 2: Organisation / Group Information

| | |
|---|--|
| Does your organisation / group have an ABN? YES / NO | If Yes, supply your ABN below ABN No. _____ |
| Is your organisation / group registered for GST? | YES or NO |
| Is your organisation / group incorporated? | YES or NO If Yes, please attach a copy of the certificate of incorporation to this application. |

| | |
|--|--|
| Aims and Objectives of the organisation / group: | |
|--|--|

Please provide details of any funding previously received from the Perenjori Public Benefit Trust:

| Year | Amount | Purpose | Acquittal Completed Yes/No |
|------|--------|---------|-------------------------------|
| | | | |

Section 3: Project Details

| | |
|---|--|
| Project Title: | |
| Summary of project: <i>Please clearly state the objective and target audience for the project using a maximum of 40 words.</i> | |



Community need that project is addressing:

Where possible please provide evidence of this need - i.e. statistics, letters of request, media stories demonstrating the need etc.

Target Group - who benefits?

Please provide details regarding groups within the community to whom the project is targeted out - e.g. youth, elderly people, people with disability - and why they are a priority.

Why should the project be a funding priority for the Perenjori Public Benefit Trust:

Amount of funding requested from the Perenjori Public Benefit Trust:

\$ _____

This amount is **inclusive / exclusive** of GST – delete which is not applicable.



Section 4: Financial Details

Please provide details regarding the cost of the project, attaching supporting evidence such as copies of quotes obtained for goods and services (**NB: please note that at least 2 quotes are required for project proposals for values in excess of \$10,000**). These documents should be applicable to the current application.

| <u>Details</u> <i>e.g. consultancy fees, printing, catering, equipment hire, insurance.</i> | <u>Estimated \$</u> | <u>Quotes / Supporting evidence attached</u> |
|--|---------------------|--|
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| | | YES / NO |
| Total: | \$ | |

Please provide details of all confirmed and anticipated sources of funds for the project.

| Source | Confirmed \$ | Anticipated \$ | Total \$ |
|---|--------------|----------------|----------|
| Community organisation / group | | | |
| Value of voluntary labour <i>Please specify in terms of no. hours x no. volunteers</i> | | | |
| State Government <i>Please provide details of department providing funds</i> | | | |
| Australian Government <i>Please provide details of department providing funds</i> | | | |
| Other <i>Please specify</i> | | | |
| Total Income: | \$ | \$ | \$ |

Please attach additional pages if required.



Section 5: Acknowledgement of Perenjori Public Benefit Trust

Receipt of Perenjori Public Benefit Trust funding represents an opportunity for your organisation and Perenjori Public Benefit Trust, to obtain positive publicity.

1. Do you agree to recognise MGM as a project sponsor? YES or NO

2. Do you agree that MGM will be formally recognised and promoted in all publications, promotional materials, media releases and newsletters, as well as at program launches and / or the event itself (i.e. via speeches and placards)? YES or NO

3. Do you agree to provide the Shire of Perenjori with a Project Completion Report within two months of the completion of the funded Project? YES or NO

Section 6: Supporting Documents

Please ensure that the required **supporting documentation is attached** to your application, including:

1. Certificate of Incorporation (if available)
2. Letters of endorsement for organisation or project
3. Documentation demonstrating community need
4. Quotations in support of funding sought
5. Latest Financial Statements of your organisation

Section 7: Application Declaration

Please have two members of your organisation complete the details below – one member must be the President (or equivalent) of the organisation.

We declare that we have been authorised by the applicant organisation to prepare and submit this application to Perenjori Public Benefit Trust for the Community Grants Program. We declare that the information included in this application is true and correct and that we will abide by the conditions set out in the Perenjori Public Benefit Trust Community Grant Guidelines which we have read and understood.

Name:

Position in Organisation:

Contact No.

Signature:

Date:

Name:

Position in Organisation:

Contact No.

Signature:

Date:
