

Draft Template Worksheet



APPLICATION FORM FOR FUNDING FROM SOUTHERN HIGHLANDS
COMMUNITY FOUNDATION

Please submit your application on-line

Click [here](#)

Application date *

Day Month Year

1. INFORMATION ON YOUR ORGANISATION

Name of the Organisation *

ABN *

Website/Facebook URL

https://XXXX.com.au

Organisation Governance - please advise organisation structure and leadership *

Is your group located in the Wingecarribee LGA. Does it have a charter and constitution? Does it have a committee or board structure? How many sit on the committee/board? Is the organisation a public company or Incorporated Entity? Is the organisation registered with NSW Fairtrading? Does the organisation have charitable fundraising status or registered with the ACNC or ORIC

Summary of Organisation *

Please include your organisation's purpose, mission and key activities. (Max 300 words.)0/300

Target Population served by your organisation? - Who, what and how many? *

EG; Families and young people, Domestic Violence support, Seniors, environment, Indigenous community, local village community

2. Project or Program Information for Funding

Please read the Funding Guidelines before completing this application
Please note you can save your submission and return to it at anytime. Simply click the [save button](#) at the bottom of this page to register your application.

a. Have you previously received funding from the SHCF? *

b. Previous funding project description and amount granted.

Detail of the project and amount received.

c. Date

Month Day Year

d. Which Community Grant are you applying for? *

- Kickstart Southern Highlands
- 21st Birthday - First Nations
- 21st Birthday - Arts & Culture
- 21st Birthday - Cancer Care

Other funding request

e. New Project/Program Name *

f. Project Location *

Must be in Wingecarribee Shire LGA

g. Start Date *

Day Month Year

h. End Date *

Day Month Year

i. If the application is successful when is payment required?

Month Day Year

k. Provide a brief description of your project. *

l. Project Outcomes. *

What would be different as a result this grant? How does it benefit the community, how would it build impact, how does it engage recipients?

m. How will you measure success ? *

Give a brief outline how you will measure the impact of your project .

n. Please provide an estimated total Project Budget. *

o. How much funding is being sought from SHCF? *

Contact Person in the Organization *

First Name Last Name

Position in Organisation *

Phone or Mobile Number *

Area Code Phone Number

3. Contact Details

Address

Street Address

City State

Post Code Country

Email *

