



Wagyl Kaip Southern Noongar
 Ravensthorpe Nickel Operations
 Relationship Committee



Community/Organisation Funding Application

Please make sure that you have read and understood the Funding Guidelines before you complete this form. Grant application form MUST be completed prior to this form.

1. Applicant Information

Name of person making application:

Contact person:

Organisation:ABN:.....

Phone:FAX:.....

Email: Website:.....

Address:

Suburb:State:.....PCode:.....

2. Project Description:

Grant Specifics	Education	Health	Well Being
Tick Appropriate Box.			
Project Title:			
Project Summary:			
Project Objectives & Aims:			

3. About the project (continued)

Expected number of beneficiaries:

Describe the organisation's relevant experience in providing the proposed services:

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.....
.....

Describe how the project will represent value for money (ie that is cost effective and efficient):

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.....
.....

4. Funding

Requested amount of funding (exclusive of GST):

Please provide a detailed breakdown of the budget on a separate piece of paper. The budget should consider costs like research, promotional material and professional outsourcing of services. Attach all quotations. Project and other costs must be exclusive of GST.

Have you sought any funding from other services? Yes / No

Name of other Funding Organisation:

Amount Applied For:

Current Status of your application:

Have you sought any partnerships for in kind services? Yes / No

Providers Name:

Services they are providing:

5. Project Management

What are the key activities you will carry out during this project?

Date	Activity/Milestone

6. Project Evaluation:

When will the project be completed?.....

What are the outcomes or results you hope to achieve?

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.....

How will you know if the project has been successful?

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.....

Additional Information: (please provide/attach any supporting information that may be relevant to your application):

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.....

Are there any confidentiality issues which you consider to be detrimental to your Organisation/project if details of this funding were to be reported on Yes / No

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Declaration:

I, the undersigned on behalf of the Applicant/Organisation listed above agrees that:

1. I have read the WK/SN Ravensthorpe Nickel operations Relationship Committee Funding Guidelines,
2. The information in this application and any supporting material is true and correct to the best of my knowledge,
3. All funds for this project will only be spent for the purpose for which they are provided,
4. The RC Committee may check any information in or relevant to the submissions and
5. Information in the application may be disclosed to other parties as required by the agreement.

Name:Date:

Signature:

Applications should be emailed to: wksngrants@noongar.org.au

Further information please contact Noongar Development Officer on mobile: **0484 271 218**