



# APPLICATION FORM

## 2017 Community Grant Program

### Casey Cardinia Foundation

(Open 19 June 2017 ~ Close 5:00 pm 14 July 2017)

Complete this form to apply for a grant in the 2017 Community Grants Program of Casey Cardinia Foundation.  
Please read the 2017 Grant Guidelines before completing this application form.

**PLEASE SUBMIT YOUR APPLICATION AS AN ATTACHMENT VIA EMAIL to:**  
[admin@caseycardiniafoundation.org](mailto:admin@caseycardiniafoundation.org)

## ORGANISATION INFORMATION

|                    |  |           |  |          |
|--------------------|--|-----------|--|----------|
| Organisation Name: | <i>As it appears on your ABN / Incorporation Certificate</i> |           |  |          |
| Postal Address:    |  | Suburb:   |  |          |
| State:             |  | Postcode: |  | Website: |
| Email:             |  |           |  |          |

|                                   |   |
|-----------------------------------|---|
| ABN / Incorporation Number:       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| NFP – Not-For-Profit Incorporated | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| DGR – Deductible Gift Recipient   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| TCC – Tax Concession Charity      | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

## CONTACT FOR APPLICATION

|                |  |             |  |           |  |
|----------------|--|-------------|--|-----------|--|
| Title:         |  | First Name: |  | Surname:  |  |
| Position Held: |  |             |  | Phone No: |  |
| Email:         |  |             |  | Mobile:   |  |

## WHAT DOES YOUR ORGANISATION DO?

Provide a brief overview e.g. mission, major programs, number of paid staff and/or volunteers, engagement with other community groups.  
*Word Limit: 100 words*

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

## PROJECT INFORMATION

|   |  |  |  |
|---|--|--|--|
| Project Title:  |  |  |  |
| Grant Amount Requested:<br>(Maximum \$10,000 Average \$5,000) |  | Project Location:<br>(Casey and/or Cardinia) |  |
| Impact:<br>(Number of people to benefit)                      |  | Post Code:<br>(Project location)             |  |

**PLEASE GIVE A BRIEF DESCRIPTION OF THE PROJECT**

(An overview of: your project description, where the project will take place, who will benefit) *Word Limit: 50 words*

**HOW WILL THE PROJECT BENEFIT THE CASEY CARDINIA COMMUNITY?**

Describe the projects key aims, need for the project, expected outcomes and benefits. *Word Limit: 150 words*

**WHEN WILL THE PROJECT HAPPEN?** (Please outline the expected start and finish dates, when this project would become operational and completed. Note: You may not receive funds until November 2017)

**WHAT ARE THE KEY OBJECTIVES OF THE PROJECT?** (How will you know if your project has been successful? What will the outcomes/results /project out-reach be? If possible provide measurable objectives e.g. Our project will train 25 people, reach 20 children, 1 story in local paper. Please note: the success of your project in acquittal will be measured against these objectives). *Word Limit: 100 words*

**PROJECT FINANCES**

Does the Casey Cardinia Foundation grant amount requested cover the full project cost?

Yes ☐

No ☐

| <b>PROJECT BUDGET</b>                     |           |                               |           |
|---|-----------|-------------------------------|-----------|
| <b>CASH INCOME</b>                        | <b>\$</b> | <b>CASH EXPENDITURE</b>       | <b>\$</b> |
| Casey Cardinia Foundation Grant Request   |           |                               |           |
| Your organisation's contribution:         |           |                               |           |
| Other grants/government funding (detail): |           |                               |           |
|   |           |                               |           |
| <b>IN-KIND SUPPORT - WHO</b>              | <b>\$</b> | <b>IN-KIND SUPPORT - WHAT</b> | <b>\$</b> |
|   |           |                               |           |
|   |           |                               |           |
| <b>TOTAL</b>                              |           | <b>TOTAL</b>                  |           |

In the table below, please tell us which goods/services you will purchase using the grant.

| <b>Item</b>  | <b>\$</b> |
|--|-----------|
|  |           |
|  |           |
|  |           |
| <b>TOTAL (must equal the grant requested \$ on Page 1)</b> | <b>\$</b> |

**PLEASE SUBMIT YOUR APPLICATION VIA EMAIL TO:**

**[admin@caseycardiniafoundation.org](mailto:admin@caseycardiniafoundation.org)**

**OR POST TO:**

**Casey Cardinia Foundation, 2017 Grant Application, PO Box 620, PAKENHAM VIC 3810**

***(Email applications are preferred)***