**APPLICATION FOR CHAMBER GRANT**

**ELECTRONIC SUBMISSION**

**\*Required information**

**E-Form. Use this form for electronic submissions**

*Use form F-009-CGW for hand written submissions*

**-My Organisation-**

|  |  |
| --- | --- |
| **\*Name of the Requesting Organisation** |  |
|  |
| ABN (if applicable) |  |
|  |
| \*Contact Person |  | \*Position  |  |
|  |
| \*Postal Address |  |
|  |
| \*Phone Number |  |
|  |
| Email Address |  |
|  |
| \*Type of organisation | Charity/ School |  |  Not for Profit |  |  Club |  | Other(**Specify)** |  |

|  |
| --- |
| **-Grant Request-** |
| \*Name of Project/ Activity |  |
|  |
| \*Planned outcome of the project/ activity |  |
|  |
| \*Start date/ Finish date |  | **TO** |  |
|  |
| \*In 100 words or less describe the activity |  |
|  |
| \*How will project/ Activity benefit your local community? |  |
|  |
| \*Who is expected to participate in the project/ activity? |  |
|  |
| \*How many people are expected to participate? |  |  |

|  |
| --- |
| **-Financial-** |
| \*Expected total costs of project/ Activity |  |  |
|  |
| **\*Requested grant amount** |  |  |
|  |
| \*What will the grant money be used for? |  |
|  |
| \*Is this project/ activity designed to make a surplus? | **Yes** |  | **No** |  |  |
|  |
| \*If yes, what will surplus be used for? |  |
|  |
| \*Have you received a grant for this activity previously? | **Yes** |  | **No** |  |  |
|  |
| \*If yes, when was the grant received? |  |

|  |
| --- |
| **-Application Authority-** |
| \*Name |  |
|  |
| \*Position of Applicant |  |
|  |
| \*Submitting this application: |
|  |
|  | I confirm that I have the authority to submit this application on behalf of the named organisation. |
|  |
|  | I will ensure that the expenditure is acquitted within one (1) month after the activity concludes or the grant money will be returned.  |
|  |
|  |
|  | I understand that the Chamber of Commerce will publish the name of my organisation as a part of its financial obligation and Gulgong Chamber of Commerce is to be recognised on all promotional material. |
|  |
|  |  |
|  | I confirm that the activity is covered by appropriate insurance. Liability cover of at least $20 Million.**Note: An Insurance certificate of currency showing 20 Million dollars cover must be submitted with this application** |
|  |
|  |
| **Signature:** |  |  |
| **Date** |  |

Once completed, please forward your application and insurance certificate to Chamber Secretary.

Email: secretary@gulgong.com.au

Post: PO Box 400

 Gulgong NSW 2852

Applications close on:

**30 September** for January to June activities, and

**31 March** for July to December activities.

Late applications will not be considered.

***Chamber Secretary action***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Date application received*** |  | ***Results of application sent***  |  |
| ***Date of Proposed Activity*** |  | ***Date Acquittal Form sent*** |  |
| ***Date submitted to selection group*** |  | ***Date Acquittal Form received and forwarded to Treasurer*** |  |
| ***Review Process:******Date all actions completed*** |  | ***Signature of Secretary or delegate******Date:*** |  |