**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](mailto: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:*** |  |