



Responsive Grants Program Application Form

APPLICANT DETAILS

Applicant: Individual Community group

Name of group: _____

Contact person: _____

Postal address: _____

Telephone: _____

Email: _____

Type of group: Not-for-profit School
 Community group Individual

PROJECT DETAILS

Project name: _____

Project description: _____

Location of project (what is the location of your activity/project./event?): _____

WHO will benefit from the project? (describe how the project/event/activity benefits Campaspe residents)

Project start date: _____ Project completion date: _____

Total project cost: _____

Amount requested from **Responsive Grants Program**: _____

WHAT will the funds be used for? (describe how funds will be spent & attach any quotations)



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BUDGET DETAILS

Are you contributing cash? Yes No

If yes, how much? _____

Are you providing an in-kind contribution? Yes No

If yes, provide details (ie. volunteer labour, donation of good/services)

Have you received any funding from the Shire of Campaspe for this project: Yes No

If yes, how much? _____

If yes, when did you receive the funding? _____

BANK DETAILS

Bank name: _____

Account name: _____

BSB: _____ Account number: _____

This section must be completed, as should your application be successful the funding amount will be deposited directly into your bank account

If you would prefer payment by cheque, who should this be made out to? (If you are an individual under 18 and are successful in being awarded a grant, please provide the name of a parent or guardian as the cheque will be made out in their name)

DECLARATION

I have read and understood the Responsive Grants Guidelines.

I agree that the information in this application and the attachments is, to the best of my knowledge, true and correct. I shall notify the Campaspe Shire Council of any changes to this information or circumstances that may affect this application. I understand that this is an application only and may not necessarily result in funding approval.

Signed: _____

Name: _____

Position: _____

Date: _____

SUBMITTING YOUR APPLICATION

Please submit your completed application by any of the following options:

Post: Campaspe Shire Council, PO Box 35, ECHUCA VIC 3564 **OR Email:**
grants@campaspe.vic.gov.au