**District Council of Grant Covid 19 Recovery Grants Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation name:** |  | | | |
| **Project title *(please keep short):*** |  | | | |
| **Project Location (where in the DC Grant area will your project occur):** |  | | | |
| **ORGANISATION DETAILS** | | | | |
| **Contact Name:** | | |  | |
| **Postal address:** | | |  | |
| **Telephone:** | | |  | |
| **Contact email:** | | |  | |
| **Australian Business Number (ABN)** | | |  | |
| **Brief outline of what your organisation does** | | |  | |
| **TAX STATUS *(Discuss with Stand Like Stone if unsure)*** | | | | |
| **GST – Registered** | | **Yes** | | **No** |
| **DGR – Deductible Gift Recipient** | | **Yes** | | **No** |
| **TCC – Tax Concession Charity** | | **Yes** | | **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT SUMMARY** | | | |
| **Brief project description:** ***(A short summary of your project)*** | | | |
| **Project Start Date** |  | **Project Finish Date** |  |
| **Total project cost:** | **$** | | |
| **Amount requested:**  *Note that the maximum available per grant is $3,000* | **$** | | |
| **PROJECT DETAILS** | | | |
| **WHAT IS YOUR PROJECT?**  *(Detail the specific activities that will take place and where they will take place. What do you want to achieve with this project? What are the expected outcomes?)* | | | |
| **WHY IS THE PROJECT NEEDED?**  *(How this will support communities within the DC Grant area through Covid-19?)* | | | |

**GRANT BUDGET**

**PLEASE FILL OUT THE BUDGET TABLE BELOW FOR YOUR PROJECT**

***(Note: Income and Expenditure totals must match)***

|  |  |
| --- | --- |
| **INCOME** | **$** |
| **Amount requested in this application**  *Note that the maximum available per grant is $3,000* |  |
| Other funding sources  Confirmed Funding (list name of funders and confirmed amount, including your cash contribution)  Unconfirmed Funding (if you have applied for other funding that is unconfirmed please list the name of the organisations applied to and amount) |  |
| In-kind contributions (include an estimated value for non-cash contributions such as services, equipment, time and materials) |  |
| **TOTAL INCOME** |  |
| **EXPENDITURE**  Breakdown of individual line items such as salaries, equipment, travel/transport, administration etc. | **$** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| In-kind contributions (as above) |  |
| **TOTAL EXPENDITURE** |  |

**ATTACHMENTS**

Please attach the following to your application:

* Any other information to support your project, eg, quotes, letters of support etc

**ORGANISATION DECLARATION**

To be signed by the Chair or Chief Executive of the organisation.

* I declare that I am currently authorised to sign legal documents on behalf of the organization.
* I declare that all the information provided in this application is true and correct.
* I understand that if the Stand Like Stone Foundation approves a grant, I will be required to accept the conditions of the grant as outlined in the Stand Like Stone Foundation General Grant Conditions.
* I give permission to the Stand Like Stone Foundation to contact any persons or organisation in the assessment of the application and understand that information may be provided to other organisations, as appropriate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant applications must be emailed by 5.00pm on the closing date of Monday 31st August or they will NOT be considered.

The completed Application together with supporting documentation should be emailed to:

The Chief Executive Officer

Stand Like Stone Foundation Ltd

[applications@standlikestone.com.au](mailto:applications@standlikestone.com.au)