



Inclusive Kids Community Grant Application Form

Individual Application Group Application

Have you applied for funding **for this project** from other funding programs? Yes No

Do you live in one of the following areas? Cairns Regional Council ; Noosa Shire Council ;

Sunshine Coast Regional Council ; Moreton Bay Regional Council *If you do not live in one of the above regions unfortunately you are not, for now, eligible for an Inclusive Kids Community Grant.*

SECTION 1: Applicant Details

Contact Person's Name: _____

Postal Address: _____

Telephone Number: _____

Mobile Phone Number: _____

Fax Number: _____

Email Address: _____

SECTION 2: Funding Request

Total Amount Requested:	\$ _____
-------------------------	----------

Please provide a brief description of the project/funding request, including when and where the Funds will be utilised and what the overall goal the funds will achieve.

SECTION 3: How the project will benefit the individual or community?

Who will benefit from the project / funding?
How will they benefit?
What community involvement is there in the project? Are there any partnerships with other community groups, businesses or individuals? (If yes, please explain)

--

SECTION 4: Other Information

We welcome any information that may further assist us in the processing of your application. Please attach any relevant quotes, letters of support etc.

SECTION 5: Applicant Declaration

This declaration must be completed by the applicant.

I declare that the information I have given on this form is complete and that the request I have made is correct. I also agree to promptly inform Inclusive Kids Community Grants Program of any changes to this application if circumstances change.

I have read and understood the Guidelines and Application Form.

I agree that individuals or organisations mentioned in my application may be contacted as part of the assessment of this application.

Date: _____

Signature: _____

SECTION 6: Application Checklist

When sending your application please check that you have included all of the following, either as part of your application form or as an attachment.

Please tick **all** of the boxes in this section, **to signify that this has been completed.**

I have checked my **eligibility** for funding and answered all of the questions in the application.

I have completed **ALL** sections of my application.

I have signed the application.

If applicable: I have enclosed any supporting information required i.e. copies of quotes from suppliers, letters of support or a therapist's report etc.

Office Use Only

Application Number: _____	Received: _____
Board Meeting: _____	Outcome: _____
Acquittal Due Date: _____	Monies Sent: _____