



Inclusive Kids Community Grants Fund Application Form

Have you applied for funding from other funding programs? Yes No

SECTION 1: Applicant Details

Your Details

Contact Person's Name: _____

Postal Address: _____

Telephone Number: _____

Mobile Phone Number: _____

Fax Number: _____

Email Address: _____

(We will use email for all correspondence to keep administration costs to a minimum)

SECTION 2: Funding Request

Total Amount Requested:	\$ _____
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Please provide a brief description of the project / funding request, including when and where the Funds will be utilised and the overall goal the Funds will achieve.

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

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, documents, letters of support etc.

SECTION 5: Applicant Declaration

This declaration must be completed by a representative of the applicant organisation.

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 understand that whether or not any grant is awarded, and the amount of any grant, is at the sole discretion of IFYS Ltd and it does not have to give any reasons for its decisions.

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

Signature: _____ Date: _____

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.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Please submit completed application to:
Inclusive Kids Community Grants Fund, PO Box 1291 Maroochydore Q 4558**

Office Use Only

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