



2009/2010 FINANCIAL ASSISTANCE PROGRAM

REF:

CLOSING DATE TUESDAY 31 MARCH 2009

FUNDING PROGRAM:

(√ Tick appropriate box)

- TOURIST DEVELOPMENT FUND
- ENVIRONMENTAL FUND
- COMMUNITY & CULTURAL FUND
- SPORTING FUND

NAME OF ORGANISATION: _____

CONTACT PERSON: _____
(Print Name) (Position Held)

POSTAL ADDRESS: _____

CONTACT DETAILS: _____
(Phone) (Fax) (Email)

ABN NUMBER: _____ **GST REGISTERED: Y N**
(If no ABN please state)

PROJECT TITLE: _____

OUTLINE OF PROJECT: _____

(Please attach additional pages if this space is insufficient)

WHO WILL BENEFIT: _____

ORGANISATION CONTRIBUTION: _____

AMOUNT REQUESTED FROM SHIRE: _____

TOTAL COST OF PROJECT: _____

PLEASE ATTACH PLANS/QUOTES

HAS YOUR ORGANISATION RECEIVED FINANCIAL ASSISTANCE) Yes \$ _____
FROM THE SHIRE OF GINGGIN IN THE PAST TWO YEARS?) No

(Further information may be requested.)

SIGNED: _____ **DATE:** _____

OFFICE USE ONLY	DATE RECEIVED: _____
APPLICATION NO: _____	APPROVED: _____
NOTIFIED: _____	DECLINED: _____