# VSTWP COMMUNITY GRANTS

**2022**

**Application Form**

To apply for a VSTWP’s Community Grant please complete the application form and

email to [martin.deering@agriculture.vic.gov.au](mailto:martin.deering@agriculture.vic.gov.au)

## PART A - Community Group/Organisation Details

**Group name**:

**KEY CONTACT** - This person will be responsible for the project and reporting requirements.

**Title**: **First Name**: **Surname**:

**Position Title**:

**Postal Address**:

**Town/Suburb**: **Postcode**:

**Phone B/H**: **Mobile**:

**Email Address**:

Is this Group incorporated: Y/N (Sponsor group details over page) **Incorporation Number**:

**ABN**:

Is the Group registered for GST: Y/N

**Sponsor Organisation Details** (if applicable)

**Organisation Name**:

**Organisation’s Incorporation number**:

**Organisation’s ABN**:

**Contact Person**:

**Position Title**:

**Email Address**:

**Phone B/H**: **Mobile**:

## Partnership Group Details

**Will this project be held in partnership with other Groups**: Y/N

**Group Name/s**:

**Incorporation Number**:

**Group Name/s**:

**Incorporation Number**:

**Group Name/s**:

**Incorporation Number**:

(If more than 3 groups please copy these details.)

**Occupational Health and Safety**

You need to make sure your Group has a safe system of work in place for your project to protect the health and safety of your Group, volunteers and community.

**Does your Group have appropriate**

**occupational health and safety procedures in place: Y/N**

## Part B– Project Details

**Title of project:**

**Expected project timeframe:**

**Project description:** *Please include Who, What, Where, When, and Why*

**Project Activities**

|  |  |  |
| --- | --- | --- |
| **Description** | **Funding breakdown** | **GST exclusive** |
|  | Funding requested | $ |
|  | Group cash contribution | $ |
|  | In-kind /  Other  contribution | $ |
|  | **Total** | $ |

**Budget Items:** *Please explain budget and co-contributions below (excluding GST)*

## Part C - Declaration

**On behalf of:**

(*Community group/organisation*)

I understand that this is an application only and that final approval will be subject to funding availability.

* I declare that I have the support and agreement of the Community Group /

organisation to submit this application on their behalf.

* I declare that I have agreement of all parties identified in the application to include their details within this application.
* I declare that the information provided in this proposal is true and correct and no

information is false or misleading.

* I declare that I have read and understood the VSTWP’s Community Grant

Guidelines.

By signing, you agree to the statements listed above.

**Key Contacts Name:**

**Signature: Date:**

**Privacy -** Personal information supplied by you and/or contained herein is collected, stored and maintained for the purpose of facilitating and administering the grant process. The information collected is not traded, sold, licensed nor used for commercial marketing purposes.

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