

**COMMUNITY GRANTS PROGRAM APPLICATION FORM  
GRANT CATEGORY 2**

NAME OF ORGANISATION .....

COMMITTEE SECRETARY/PRESIDENT .....

POSTAL ADDRESS .....

.....

CONTACT TELEPHONE NO..... FAX NO.....

E-MAIL.....

DATE OF APPLICATION .....

AMOUNT REQUESTED \$ .....

**ABOUT THE ORGANISATION**

- a. Is the organisation incorporated?  
Yes  No

If NO, must be able to be auspiced by another body (Written Agreement must be sighted)

**2. Describe the Project or purpose for requesting funding.....**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**3. If successful, what will the funding achieve?**

.....  
.....  
.....  
.....  
.....

**ADDITIONAL INFORMATION**

**4. What evidence of demand for this project do you have?**

.....  
.....  
.....

**5. Do you have any other comments or information you would like to provide in support of your application?**

.....  
.....  
.....  
.....

**DECLARATION: I, the undersigned, certify that the information contained in this application is a true and accurate record of our intentions.**

**Signed..... Date .....**

**Name..... Position .....**

**Send Completed application to**

**Community Facilitation Manager  
Swan Hill Rural City Council  
PO Box 488  
Swan Hill 3585**