



COMMUNITY GRANT APPLICATION FORM

Office use only

*Application No.
Date received:*

A. APPLICANT DETAILS

Name of individual/group/organisation:

Postal Address:

Name of group/organisation contact person:

Telephone:

Home: _____

Business: _____

What are the aims and objectives of the individual/group/organisation?

Has the applicant previously received Council grants or assistance?

Yes 

No 

If Yes, please complete the following table:

Year	Purpose of grant/assistance	Amount granted

B. PROJECT DETAILS

Description of Project:

(Briefly describe the project and benefit(s) to the community.

Attach a separate sheet if insufficient space is available)

Does your project involve residents of (more than one box may be ticked):

 Flinders Council area Estimated number of percentage _____

 North East Tasmania Estimated number of percentage _____

 Tasmania Estimated number of percentage _____

Description of Assistance Sought:

Requested Grant: \$ _____:_____

Applicant to provide full budget details and information as to all revenue sources.
(Attach supporting letter(s) or details of other secured/pledged funding)

Planned commencement date: _____

Estimated completion date: _____

Funding required date: _____

If necessary, has the consent of the property owner been obtained:

Yes 

No 

Any other comments you consider would be helpful in assessing this application:

Details of attached supporting documents which will be retained by Council:

- _____
- _____
- _____
- _____

Signature: _____

Position: _____

Date: _____

Check that all the information needed is included with your application