



# Stawell Harness Racing Club

## Community Development

### Grants Program

### Application

For an application form please contact:

Lisa McIlvride

CEO

Stawell Harness Racing Club

53 581237

[stawharn@vic.chariot.net.au](mailto:stawharn@vic.chariot.net.au)

# Stawell Harness Racing Club

## Community Development Grant Application Form

Name of the project.....

Amount of funding being sought from SHRC \$.....

### **Timeframes**

This application **opens** Monday 13<sup>th</sup> August 2018

This application **closes** Friday 28<sup>th</sup> September 2018

The applications will be **assessed** over October 2018

The applicants will be **advised** no later than Monday 19<sup>th</sup> November 2018

**Presentation** Evening of Grants will be held on Tuesday 27<sup>th</sup> November 2018

**An extension may be given under certain circumstances, if you need an extension please contact Lisa McIlvride on 53581237.**

### **Location**

Is your project in the shire of Northern Grampians

YES

NO

### **Lodging the Application**

This application may be lodged by email: [stawharn@vic.chariot.net.au](mailto:stawharn@vic.chariot.net.au)

By post: PO BOX 105, STAWELL. VIC. 3380

In person: 78 PATRICK STREET, STAWELL.

**Organisation details**

Name of the organisation.....

Postal address.....

Name of representative.....

Position held in organisation.....

Daytime phone number.....

Mobile.....

Email.....

**Financial details**

Australian Business Number of management organisation (ABN)  
\_\_\_\_\_

Is your organisation : Circle applicable answer

Registered for GST?	YES	NO
Non-profit, community managed	YES	NO
Incorporated or managed as a Council or Crown committee	YES	NO

**Project management**

Will your organisation be managing the project? YES NO

If "NO" please provide details of the organisation which will manage the project.  
\_\_\_\_\_  
\_\_\_\_\_

**The proposed project:**

- |   |     |    |
|---|-----|----|
| * Will the proposed project benefit local residents?      | YES | NO |
| * Can your organisation match the amount being requested? | YES | NO |
| * Can the project be completed within 12 months?          | YES | NO |

If you answered “no” at any of the above questions, you may not be eligible to apply for a Community Grant. Please contact Lisa McIlvride on 5358 1237 before submitting your application.

**Project details**

Please describe the project

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What are the aims/objectives of the project?

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What are the benefits of the project to the community?

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Where will the project take place (if applicable)?

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### **Project timeline**

Please provide a brief overview of the timing of this project. Timing is used only as a guide; specific dates are not required.

<b>TASK</b>	<b>APPROXIMATE DATE</b>
Project commencement	
Project completion	

### **Building, planning and safety requirements**

If your project involves clearing or disturbing native vegetation, constructing a permanent or temporary structure, or excavation works of any kind, it is advised to speak to Council's Planning and Building department to discuss permits before submitting this application. Please phone 5358 8700.

Does your project involve any of the above building, planning or safety requirements?

YES                      NO

If yes, have you made enquiries at Council's planning or building department regarding permits?

YES                      NO                      NA

If you answered "YES" to any of the above questions you must contact council on 5358 8700 to discuss the requirements for building and planning prior to the commencement of any project.

## **Project Budget**

Please complete the following tables detailing the cost of the project and the resources available.

### **Expenditure**

Estimate and list all project costs. Please supply quotes where available.

<b>Project Items</b>	<b>Estimated Cost</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### **Income**

List all the sources of income you will receive for this project.

Amount of funding requested	
Anticipated income from other grants (if applicable – please detail)	
Anticipated income from participants	
Cash contribution from your organisation	
In-kind contribution (if applicable)	
Other (Please detail)	
<b>Total Income</b>	

**What is the minimum amount needed from SHRC for the project to go ahead?**

\$

### **In-kind contribution**

Please describe (if appropriate) how your group intends to contribute to the project through voluntary labour and services. Please list the hours of labour and/or donated goods and services and estimate an approximate cost for these services. In-kind labour is costed at \$25.00 per hour for qualified personnel and \$12.00 for unskilled labour.

Description of Services	Value of Services (\$)

### **Declaration by the applicant**

Please complete the details below.

**“I declare that we have been authorised by the applicant organisation to prepare and submit this application to the Stawell Harness Racing Club Community Grants Program. I declare that the information included in this application is true and correct.”**

<b>Name:</b>
<b>Position:</b>
<b>Telephone:</b>
<b>Signature:</b>
<b>Date:</b>

Under the Information and Privacy Act 2000, I have gained authority/permission from those named or photographed in this application to use their name and details for the purpose of this application only.

Evidence of this authority/permission is attached.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_