



APPLICATION FORM

Please complete your details below and return this application form. Remember to:

- Read the grant guidelines
- Answer all questions as incomplete applications will not be processed.

ORGANISATION DETAILS

Organisation name _____

ABN _____

Is your organisation a Not For Profit or registered charity?

Yes No

Contact Person

Surname _____ First Name _____

Position _____

Phone _____ Mobile _____

Facsimile _____

Email _____

Postal address _____

GRANT DETAILS

Name of Town (including population size)

Is your town/area E.C declared or has exited E.C declaration in the last 12 months?

Yes No

What is the primary role of your organisation?

Brief description of project that requires funding?

Why is the project needed?

Who would be involved in the community? e.g. number of volunteers.

What other funding/community contributions are being made to the project?

Estimated date of completion?

____ / ____ / ____

Other funding/assistance already received or applied for?

Amount sought \$ _____

Are you willing to be contacted by media to publicise the project?

Yes No

NOTE: All groups who receive a grant are required to provide the CWA with a status and completion reports. Please include photos, community feedback etc.

Community organisation representative

Name _____

Signature _____ Date _____
date

PLEASE RETURN THIS FORM TO:
Country Women's Association in Tasmania (Inc.),
PO Box 583 North Hobart 7002 or
Fax to 6231 6829