**MIRBOO NORTH TIMES RECOVERY GRANTS**

APPLICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | |
| Organisation Name: | | Organisation ABN: | |
| Contact Person: | |  | |
| Contact Person email: | | Contact Person phone no. | |
| Is your organisation incorporated? | |  | |
| **PROJECT DETAILS** | | | |
| Project Name: |  | | |
| Describe your Project:  *Please include a brief description of activity/ies involved.* |  | | |
| What is the purpose of your Project?  *Please include who will benefit and how.* |  | | |
| Additional Information:  *e.g. is this project part of a bigger project or in partnership with*  *another community organisation?* | **[Note – if easier, attachments can be sent through separately.]** | | |
| **Budget for the project:** | *Complete table below – the totals should be equal.*  *Please attach quotes for external expenses.* | | |
| INCOME | WHOLE $ | EXPENDITURE | WHOLE $ |
| Grant from MNDCF | $ | Equipment / Materials | $ |
| Funds from your organisation. |  | Labour |  |
| **Total** | $ | **Total** | $ |

|  |  |
| --- | --- |
| Certification | I confirm that the details in this application are true and accurate. |
| Name |  |
| Signature |  |
| Position in Organisation |  |
| Date |  |

Organisation Bank Details for Payment if Approved.

|  |  |
| --- | --- |
| Account Name |  |
| BSB |  |
| Account Number |  |

If you could please complete the form and return by email to [info@mirboodistrictfoundation.org.au](mailto:info@mirboodistrictfoundation.org.au) or by post to 96 Ridgway, Mirboo North.