

COMMUNITY DEVELOPMENT SUPPORT EXPENDITURE

APPLICATION FORM 2010 - CATEGORY 1 FUNDING

Name of Organisation Applying for Funding: _____

Council Area: _____

Primary Contact Details: _____

Title: _____ Name: _____
e.g. Mr/Mrs/Ms

Postal Address: _____

Suburb: _____ State: _____ Post code: _____

Phone: _____ FAX: _____

Email: _____

Secondary Contact Person Details:

Title: _____ Name: _____
e.g. Mr/Mrs/Ms

Phone: _____ FAX: _____

Email: _____

If your application for funding is successful you will be required to:

- make an appropriate level of acknowledgement of the funding source for the project;
- complete an evaluation form at the end of the project.

Has your organisation received CDSE funding from clubs before? Yes No
If yes, in what year, for what purpose and how much?

Has your organisation submitted a report / progress form to the CDSE Local Committee
convenor and/or club for previous funding? Yes No N/A

Note: Organisations that have not submitted their report / progress forms should not be considered for further funding.

Signature of Chairperson/Management Representative

Full Name: _____

Date: _____

4. Who will be the main beneficiary/target group/client group for the project? Please be specific (e.g. men, women, children with learning difficulties).

5. From the list below, which category best describes your project? Please tick ONE (1) BOX ONLY.

- A1 - Family Support/Emergency or Low Cost Accommodation
- A2 - Child Protection/Child Care
- A3 - Counselling Services
- A4 - Aged, Disability or Youth Services
- A5 - Victims of Natural Disasters
- A6 - Volunteer Emergency Services
- B1 - Neighbourhood Centre/Youth Drop in Activities
- B2 - Community Transport Services
- B3 - Community Education Programs
- B4 - Tenants Services
- B5 - Statewide or Regional Services Developing Social Policies & Providing Advocacy for Local Communities
- C1 - Early Childhood Health/Child and Family Services
- C2 - Community Nursing/Therapy/Mental Health Services
- C3 - Drug & Alcohol/Palliative Care/Women's Health/Aboriginal Health/Dental Services
- C4 - Home and Community Care & Disability Services
- C5 - Health Promotion Initiatives
- D1 - Employment Placement/Advocacy Services
- D2 - Group Training Companies
- D3 - Community Enterprises
- D4 - Local Job Creation Scheme

6. How will you manage and deliver this project? (How will you ensure it achieves its aims?)

7. How will you monitor and evaluate this project?

8. Has your application been supported by any other community organisations or do you intend to work in partnership with any other organisation on this project? (Please provide contact name and telephone number of the supporting organisation/s):

9. What is the proposed commencement date and completion date for the project?

10. Is the expenditure on community development and support to be applied outside New South Wales? If so, how will it be applied? (*For more information please refer to the CDSE Guidelines.*)

11. Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? If so, please give details (how much, which program):

12. Have you applied, or do you intend to apply, to any other registered club or any other funding body for this project (including CDSE applications in other areas)?

Yes No

If yes, please identify:

13. Will ALL the CDSE funding you have requested be spent within the Local Government Area in which you are applying?

Yes No

If no, approximately what percentage will be spent outside the local area?

FINANCIAL INFORMATION

14. What is the total amount of CDSE funding you are seeking for this application?

\$

15. Will your project still be viable if you receive CDSE funding less than the requested amount?

Yes No

16. Please outline below the project budget for your proposal, including funding from this source (Community Development & Support Expenditure) and any other funding sources.

Budget Item	CDSE	Other funding sources
Salaries (specify position)		
Fees (specify – eg, sessional staff, tutors etc)		
Administration		
Program costs (including telephone, stationery, postage, audit, promotion)		
• Capital equipment		
• Rent		
• Other (please specify)		
Total funds		

17. Please attach a copy of your last annual report including financial statements and auditor's report. Have you attached the report? Yes No

18. Please state your ABN/GST status:

ABN _____ GST Status _____

19. Please provide your organisation's banking details

Account Name:

BSB No:

Account No:

ADDITIONAL INFORMATION:

20. Is your organisation a non-profit organisation? Yes No

21. Is your organisation incorporated? Yes No

If yes, please indicate which form of incorporation below:

- A company limited by guarantee
- A co-operative
- An incorporated association
- An unincorporated association
- Other – please detail below: