

EDUCATION GRANT PROGRAM

APPLICANT INFORMATION





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Organisation Name:						
Physical Address:						
Postal Address:						
Contact Name:						
Position/Title:	Daytime Phone:					
School / Workplace:						
Email Address:						
ORGANISAT						
Which type of ELIGI	BLE applican	t is your organisation?				
☐ Incorporated Association☐ Registered Not-for-Profit		☐ Unincorporated Associate☐ Aboriginal Corporation	ion		Registered	Charity
Does your organisation have an ABN?						
☐ Yes - Registered for GST		☐ Yes - Not Registered for G	GST		lo	
Does your organisa	tion have Pub	lic Liability insurance?				
□ Yes □ N	10					
Name of the Insured F	Party:					
Amount organisation	is insured for:					
Policy Expiry Date:						
Bank Account Deta	ils:					
Account Name:						
BSB:		Account Number:				



GRANT APPLICATION

Which type of grant are you applying for?				
☐ Education	\square Leadership	☐ Sports	☐ Other	
What will your	use the funding for	?		
Project/Activity	Name:			
Start Date:			Finish Date:	
Location of Proj (Please provide the addre proposed location/venue	ess if known, otherwise details of			
Description of P (Please provide a brief de	Project/Activity: escription of the project/activity)			
Target Audien	ce Details:			
Who are the PRIMARY beneficiaries of this project/activity: (Please only list the group(s) that are the very core of the project, program, event or activity)				
Is the event ope	n to the general publ	ic to participat		
□ Yes	□ No			
Marketing, Pro	motion and Deliver	y Details:		
	end to market the			
project/activity: (Print media, TV, Radio, S				
Has this activity been undertaken by the applicant previously?				
□ Yes	□ No			
If yes, please pr				
summary of pre	vious events:			
Supporting Do	cumentation:			

Please attach additional information or references that will support your application, e.g. Websites, Flyers, Supplier Quotes, Enrolment Confirmation, Registration Forms



What difference will this make in the life of attendees / What do you hope to achieve?

VVI	and difference will this make in the life of differences? What do you hope to deflieve:
De	scribe the benefits this project/activity will bring to the community should you receive this funding
	ave you previously applied for funding under the Eastern Goldfields Education Grant ogram or directly from Ardea Resources Limited?
	Yes □ No
lf Y	es, when and for what?
Ho	w much funding are you seeking from the Eastern Goldfields Education Grant Program?
Wi	Il this grant funding cover all expenses associated with this project?
	Yes □ No
If N	No, how will you cover the rest of the costs?
G	RANT CHECKLIST
Ple	ase ensure you have completed the below checklist items before submitting your application:
	Read Grant Rules and Guidelines document
	Completed all sections of this Grant Application Form
	Completed and attached an itemised budget for the project/activity
	Attached supporting documentation including letters of support, quotes, registration fee information, course information, association information, event flyers/promotional material



PROJECT BUDGET

Income Budget

Please list all income relating to the project in the table below:

Include any funding applied for, whether it has been confirmed or not. For example: Grant Income - Cash, Applicant - Cash, Applicant - In-Kind, Grant Funding - Other Sources, Fundraising, Sponsorship

Income Item	Type of Income (Cash/In-kind)	Value	
Total Income			

Expenditure Budget

List all costs associated with your project in the table below:

Please list all costs relating to the project. Include any estimated costs, whether they have been confirmed or not. For example: Venue Hire, Advertising & Promotional Expenses, Entertainment, Consultant Fees, Direct and Indirect Project Costs.

Expenditure Item	Type of Income (Cash/In-kind)	Value	
	Total Expenditure		

Please include a full budget as a supporting document if the above does not provide enough room to detail your project income and costs appropriately.



DECLARATION

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (this may be different to the contact person listed previously).

I declare the information provided in this grant application form to be true and correct and that the applicant organisation meets all eligibility criteria. I have also read and understood the grant rules and guidelines document for the Eastern Goldfields Education Grant Program and agree to abide by the terms and conditions outline within. I also understand the final decision on funding applications lies with the Project Administrators and applicants may not request an appeal.

Authorised Of	ficer:		
Full Name :			
Position:			
Signature:		 Date: _	