



# 2016 Community Grant Application Form

## Notes on application form:

- We will consider one application per organisation only. Requests for larger grants may require more information – please use your discretion.
- If you need more space, please attach extra pages to your application.
- For further advice or queries contact 1300 999 CTC (282).

Applicant details	
Organisation Name:	
Postal address:	
Tel (office hours): Email:	ABN: Web address:
Is your organisation endorsed as a Charitable Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	
Is your organisation endorsed as a Public Benevolent Institute? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	
Is your organisation endorsed as a Health Promotion Charity? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	
Is your organisation endorsed as a Deductible Gift Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	
Does your organisation have public liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	
Project details	
Title:	
Start date:	Total project cost: \$
End date:	Amount requested from CTC: \$
Does the project runs for longer than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	
Please provide a brief summary of the purpose of your project :	
<b>What will you do?</b> What activities will you implement? How will you go about executing the plans?	

## Project details continued

Will your project take place in Rockhampton?

Yes  
 No

**Why is the funding needed?**

What are the barriers to employment experienced by the project participants involved in this project? What evidence exists to demonstrate this need?

**Who will benefit from this project?**

Please tell us how many people you anticipate will benefit, their anticipated age range, gender and which suburbs in our region you expect they will live?

**What does success look like?**

How will you know if you are successful?

**Please tell us about your organisation:**

What is your organisation's purpose, background, number of staff etc? Which staff members will deliver this project? Have you implemented a similar project before? If so, tell us about it: when was it, where did it take place and what did it achieve? How do you manage risk?

Is your annual report available on your website? (If not, please attached a copy or provide weblink)

Yes  No

Is this a continuation of an existing project?

Yes  No

## Project budget

(Please ensure your budget balances, and explain calculations where appropriate. Equipment purchases should reflect online estimates or quotes. Please feel free to use a different budget template to reflect your project if easier)

INCOME	
CTC Community Grant requested	\$
Other funding organisations (Requested <input type="checkbox"/> Committed <input type="checkbox"/> )	\$
In kind contributions (please give details of any volunteer or other contributions, and estimate an equivalent value. Please use a standard rate of \$31.36 per standard volunteer hour)	\$
Other income sources not already mentioned (e.g. fees charged to participants, government subsidy)	\$
<b>TOTAL INCOME</b>	\$
EXPENDITURE	
Salaries & Administration	\$
Project Implementation & Activities	\$
Overheads	\$
Evaluation & Reporting	\$
Other	
<b>TOTAL EXPENDITURE</b>	\$
Other funding requested or confirmed	
<p><b>We are keen to understand the funding patterns of our grant recipients. Your answer to this question will not influence your application in any way.</b></p> <p>Will any other organisations contribute funding to this project? <input type="checkbox"/> Yes (please detail) <input type="checkbox"/> No</p>	
Name of Funding Organisation	
Name of Contact Person	Position:
Tel (office hours):	ABN:
	Web:
What part of the project will they fund?	
How much funding (\$) will they provide?	

## Contact details

Who can we contact to discuss the project?

Name:

Position:

Tel:

Email:

## Partner organisations

Will any other organisations be involved in implementing this project?  Yes  No

For example – an accredited RTO

Organisation Name:

ABN:

Contact Person Name:

Position:

Tel (office hours):

Web:

Email:

How will they be involved in the project?

Will you be delivering any accredited training modules as part of your program (if relevant)

Registered training organisation:

Modules to be delivered:

## Referees

Please provide contact details for two (2) referees who can speak about this project and your organisation.

Referee 1

Referee 2

Contact Name:

Contact Name:

Organisation:

Organisation:

Position:

Position:

Tel (daytime):

Tel (daytime):

Email:

Email:

## CERTIFICATION & PRIVACY

CTC is committed to protecting your privacy and ensuring that all information provided in relation to this grant application is kept confidential. During the assessment process however, CTC may need to collect, use and disclose information about your organisation and the project in this application to third parties. This information could be passed on to the Board of CTC, its officers and agents or external people to assist in assessing the grant application.

- Permission to forward this application to other funding organisations for consideration  Yes  No
- Permission to add contact details to CTC mailing list  Yes  No
- Permission to add referee contact details to CTC mailing list  Yes  No
- Permission to forward this application to individuals and experts for assessment  Yes  No
- I confirm that the CEO/Manager/Chairperson has certified that the information in this application is true and accurate.  Yes  No

Name and role of CEO/Manager/Chair: \_\_\_\_\_

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

Signature \_\_\_\_\_

## DOCUMENTATION CHECKLIST

<input type="checkbox"/>	A complete application form approved by the CEO/Manager/Chairperson including a budget.
<input type="checkbox"/>	Contact name and telephone number of your project partner organisation (if any)
<input type="checkbox"/>	One (1) copy of your annual report if it is not available on your website

Closing date **is Sunday 15<sup>th</sup> January 2017**. Please email your application to [info@ctcqlld.com.au](mailto:info@ctcqlld.com.au) in a Word format or copyable PDF (not scanned).