



COMMUNITY RECOVERY GRANTS APPLICATION FORM

A/ Legal entity *(If the legal entity is an auspisor, please provide 'Agreement to Auspice')*

Legal name		
ABN		
Registered for GST	<input type="checkbox"/> no	<input type="checkbox"/> yes
Public Liability Cover	<input type="checkbox"/> no	<input type="checkbox"/> yes <i>(please provide Certificate of Currency)</i>
Address		
Authorised person		
Phone number		
Email		
Bank details for EFT		
Bank:		
BSB		
Account number		
Account name		

B/ Project delivery organisation/ individual* *(auspicee)*

Name	
Address	
Authorised person	
Phone number	
Email	

*Do not fill if The Project delivery organisation is the Legal entity itself

Project title and summary *(provide a project's name and a short description of the project's purpose)*

How will your project benefit the community? *(please select one option)*

<input type="checkbox"/> disaster recovery	<input type="checkbox"/> community cohesion	<input type="checkbox"/> preparedness	<input type="checkbox"/> capacity building	<input type="checkbox"/> other
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Project organiser overview

(provide a brief overview of your organisation, your mission, major projects, engagement with the community etc.)

Project details (If necessary, submit the project details as an attachment. We would like to know your project's plan, purpose, benefit, date, location, number of expected participants, community partners etc.)

What is the project about? What are the key activities? What will you do?
Why is your project needed? What problem/issue will it solve/ help with? Who will benefit?
When will your project take place? Start/ end date? (end no later than three months from grant application submittal)
Where will your project take place?
Who will be the participants? How many participants are expected? (If your project involves directly working with children/youth under 18, be aware that your organisation has to have policies and procedures regarding working with children, Working With Children Checks, and the handling of child abuse complaints)

Project funding (amount and description of what the funding will be used for. If applicable, attach a quote)

Total project cost \$:		Amount requested from Anglicare \$:	
Amount requested from other organisations \$:		Amount received from other organisations \$:	
What will money from Anglicare be used for?			
Use:		Amount \$:	
Use:		Amount \$:	
Use:		Amount \$:	
Use:		Amount \$:	
Use:		Amount \$:	

Application Confirmation Statement (to be endorsed by the Legal Entity for this project)

I confirm that this application is made with the knowledge and approval of the legal head of the organisation, and endorse this application and agree to the following conditions:
 Acknowledge and understand that this application will become the property of Anglicare and that it may be provided to other funders;
 Agree to inform Anglicare if the organisation has a significant change to its governance and/or financial situation;
 Agree that, if successful, to expend funding as per the terms in the Grant Conditions;
 Agree that, if successful, to ensure adequate public liability insurance and workers compensation insurance policies covering all activities associated with the project are in place throughout the term of the agreement.

I have read and agree with the above:

Date:		Signature:	
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Anglicare is here to support your project. For more information, please contact our Community Grant Coordinator on **(02) 6245 7100**. Alternatively, please email a short description of your project and your contact details to crq@anglicare.com.au and our Coordinator will be in touch with you. www.anglicare.com.au/crg