

**Application Form**

**NSW Family & Community Services and Warren Shire Council  
\* Building Stronger Communities Grants 2016-17\***

<b>Applicants/Organisation</b>	_____
<b>Contact or Chairperson of Group</b>	_____
<b>Name of Fund Holder</b>	_____
<b>Address:</b>	_____
<b>Telephone:</b>	_____
<b>Email:</b>	_____
<b>Contact Person:</b>	_____
<b>Bank Account Name:</b>	_____
<b>Bank Account Number:</b>	_____
<b>BSB:</b>	_____
<b>ABN:</b>	_____
<b>GST Registered:</b>	_____ <b>YES / NO</b>
<b>Fund Holder Signature:</b>	_____

**Amount of Building Stronger Communities Grant requested: \$**

**Advertising/Publicity**

**Any publications and/or materials must acknowledge that the funds have been made available from NSW Family & Community Services.**

**Working with Children Check**

**Please attach copies of working with children checks of any personnel that is involved with the program or event.**

**Please note that this is a legislation requirement.**

**The application will not be approved and funding WILL NOT be released without this documentation.**

**Please provide a description of the initiatives to be undertaken including a summary of the activities, location, types of agencies involved and how the initiative will support Community Builders key activities and priority area.**

**Does this activity duplicate any similar local initiative? Yes/No**

If yes, please outline why this activity is needed

**Has the network group previously received Building Stronger Communities Funds? Yes/No**

If yes: when, for what initiative and was an acquittal completed?

**For an “Event” OR “Social Inclusion Program” application, it MUST achieve the following targets:-**

- Socially and financially disadvantaged – 70% target group
- Aboriginal and Torres Strait Islander – 50% target group
- Youth aged between 12-18 years – 40% target group

**If your application is for an “Event”** eg a family fun day, NADIOC Celebrations or Community Luncheon:

You **MUST** under the grant funding agreement, distribute surveys to each participant to capture data about the event.

**If your application is for a “Social Inclusion Program”** eg Triple “P”, Mothers Group or Community Workshops.

Your program **MUST** run for a minimum of 6 sessions and include 6 participants per program.

Request for Building Stronger Communities Grant endorsed by:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:** Warren Interagency Support Services Group  
C/- PO Box 6  
WARREN NSW 2824

**For Office Use Only**

Application Received: \_\_\_\_\_

Scheduled Date for Assessment: \_\_\_\_\_

Assessment Panel Decision: Approved/ Not Approved

If not Approved, Why:

\_\_\_\_\_

Date Applicant advised: \_\_\_\_\_