

Application Form

**NSW Family & Community Services and Warren Shire Council
* Building Stronger Communities Grants 2015-16***

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

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 8 participants per program.

Note: This can be held over the full financial year 2015/2016.

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: _____