

Application Form

**NSW Family & Community Services and Warren Shire Council
* Early Intervention and Placement Prevention Grants 2016-2017***

Applicants/Organisation _____

Contact or Chairperson of Group _____

Name of Fund Holder _____

Address: _____

Telephone: _____

Email: _____

Contact Person: _____

Bank Account Name: _____

Bank Account Number: _____

BSB: _____

ABN: _____

YES / NO

GST Registered: _____

Fund Holder Signature: _____

Amount of Early Intervention and Placement Prevention 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 an attached description of the initiatives to be undertaken including a summary of the activities/workshop, location, types of agencies involved and how the initiative will support Early Intervention and Placement Prevention 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 Early Intervention and Placement Prevention Funds?

Yes/No

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

Request for Early Intervention and Placement Prevention Grant endorsed by:

Signature: _____ **Date:** _____

Return to: Warren Interagency Support Services Group
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: _____