



GRANT APPLICATION FORM

Applicant Organisation Details

Name of Organisation <i>Please note that it must be the same as your bank account name</i>	
Organisation Objectives	
Address of Organisation	
Contact Phone Number(s)	
Email Address	
Name of Contact Person	
Is your charity a registered charity <i>If Yes please list your CC Number</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Application Details

What is the reason for your application? <i>What is the donation to be used for? Please be specific, and attach extra documents if required.</i>	
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Cost Breakdown <i>Attach quotes where possible</i>	
Item	Cost
1.	\$
2.	\$
3.	\$
4.	\$
Total Amount	\$
Amount applied for	\$
If successful how would you prefer to receive the funds?	Direct Credit <input type="checkbox"/> Cheque <input type="checkbox"/>

Alternative sources of funding

Has your organisation applied for funds for the same purpose from any other source? <i>If yes please give details of dates, organisation applied to and outcomes. Attach extra documents if required.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Guidelines

Closing date: All applications must have been received by The Blue Door by the closing date. No late applications will be considered.

Qualification for an application: Applications must be from not-for-profit organisations. No grant will be awarded to individuals. No grants will be awarded for a project that has already been completed.

Copies of receipts for project: Once the project has been completed the organisation will forward copies of receipts for the work applied for. Funds must only be used for the purpose for which quotes were supplied and the grant approved.

Bank deposit slip and authorisation: Please attach a deposit slip. If successful the money may be paid by direct credit or a cheque as preferred by the organisation. Please attach a copy of an authorisation to apply for funds signed by the applicant and one other office holder. Names and positions for both signatories must be stated.



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I have read, understood and accept the conditions of this application.

Name of Treasurer/Secretary: _____

Signature of Treasurer/Secretary _____

Date _____

Name (second authorised person): _____

Signature (second authorised person): _____

Date _____

INTERNAL USE ONLY:

Date application received _____

Date application processed _____