



Office Use Only

TRIM: _____

Grant No: _____

Project Coordinator: _____

Application Form CSES

To enter information into this form:

- **Please read 'Funding Guidelines for Champions to the Regions/ Country Sport Enrichment Scheme', before completing this Form**
- Use the tab key to move from field to field or click with your mouse into the relevant field. A black highlight will appear indicating where you start entering your information. The fields will expand to accommodate the amount of information you wish to enter. To go backwards, hold down the shift key and press tab.
- Fill check boxes by clicking on the relevant box to insert an **X**. To unmark a box, click on the **X** you want to unmark.
- You will be unable to format your typing. That is, you will be unable to change the font size, bold text or bullet point etc. Please use spaces to highlight relevant / separate information.

You **MUST** discuss your project with an officer from your nearest Department of Sport and Recreation office before completing and submitting your application. Failure to do so will render your project ineligible.

DSR Contact:	Date:	Office:
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Applicant's Details:

Organisation Name:		
Postal Address:	Postcode:	
Street Address:	Postcode:	

Preferred Contact Person:

All application correspondence will be directed to this person

Name:	Title:	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Position Held:		
Business Phone:	Facsimile:	
Mobile Phone:	Web Address:	
Email:		

Project:

Project Name:	
Project Date:	
Location of Project	

Taxation Details:

Does your organisation have an ABN?	Yes <input type="checkbox"/>	ABN:
	No <input type="checkbox"/>	
Is your organisation registered for GST?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organisation not-for profit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organisation incorporated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Incorporation Number:	

Project Information

PLEASE KEEP YOUR APPLICATION CONCISE

Project Title:

Project Start Date:

Project End Date:

Project Location:

1. Grant amount requested:

Amount of funding requested excluding GST	
Contribution from organisation	
Total Program Budget excluding GST	

2. Project Description: (brief description of the overall project, identifying the teams, event and/or “champions” and explain why the project is important to your community)

3. Project Outcomes: (What do you hope to achieve by conducting this program?)

4. Strategies: What strategies will you implement in one or all of the following areas:

- **People Development**, e.g How will people gain skills from this project?

- **Participation**, e.g. How will participation in physical activity be increased through this project?

5. Sustainability:

How will the impact of the project continue after the funding period? What strategies will your organisation put in place for ongoing viability?

6. Evidence of Need:

Describe why there is need for this project in your community. How was this identified? This may be through local feedback, information collected as part of developing the project.

7. Project Benefit: (Describe how this project will develop your sport or recreational activity)

8. Management (Outline who will be responsible for the project. How will it be managed? This may be for example a current staff member, contract staff, steering committee).

9. Evaluation: (Describe how the outcomes of will be measured. List these as Key Performance Indicators.)

DRAFT

10. DSR Acknowledgment: (Describe how DSR will be acknowledged by your organisation)

11. Please ensure you Community Activity Plan is also included

12. Project Budget/ Total Event

Please list all anticipated costs of your activity in as much detail as possible:		
	Proposed Amount	Funding Source
Revenue Item		
Requested from DSR		DSR
Supplied by your organisation		
From any other organisations (please specify)		
Participant fees (if relevant)		
Other revenue items		
TOTAL REVENUE		
Expenditure Item		
(e.g. Travel Costs, Administration costs, venue hire, instructor's fees, equipment hire)		
TOTAL EXPENDITURE		

13. Privacy Statement and Statement of Disclosure

The Organisation acknowledges and agrees that this Agreement and information regarding it is subject to the *Freedom of Information Act 1992* and that the Grantor may publicly disclose information in relation to this Agreement, including its terms and the details of the Organisation.

Any information provided by you to DSR can be accessed by you during standard office hours and updated by writing to DSR or calling **(08) 9492 9700**. All information provided on this form and gathered throughout the assessment process will be stored on a database that will only be accessed by authorised departmental personnel and is subject to privacy restrictions.

DSR may wish to provide certain information to the media for promotional purposes. The information will only include the applicant's club name, sport, location, and grant purpose.

Applicant's Certification

I certify that the information supplied is to the best of my knowledge, true and correct.

Name

Position Held

Signature

Date

If you have any queries about your eligibility or the details required when applying for this grant, please contact the consultant referred to in the Information for Applicants or contact the Department of Sport and Recreation on **(08) 9492 9700**.

APPLICATIONS:

Please return a completed and signed copy of this application to:

DEPARTMENT SPORT AND RECREATION

CSES

PO Box 329

LEEDERVILLE WA 6903