









Applications must be received by Friday 24 January 2020.

Contact Details	
Group Name:	
Contact Person:	
Address:	
How would you most like us to contact you?	t Telephone:
	Fax:
	Email:

is your group an incorporat	Is your group an Incorporated Association:			
	Yes	No		
Are you register for GST:				
	Yes	No		
Do you have an ABN:				
20 you have an Albin		••		
	Yes	No		
ABN Number:				
Adn Nullibel.				
	=	Association or do not have an ABN o discuss requirements.		
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		to Wheethelt NDM the mumber of		
_	=	to Wheatbelt NRM the number of a result of your Red Card event?		
·				
	Yes	No		
Are you willing to have you Card Program?	ır event pı	romoted by Wheatbelt NRM and the Red		
	Yes	No		

## **Activity Details:**

Please describe the activity you will use the financial support for:
What community will be participating in the activity? (Town/ community group/neighbourhood)
How will your activity get the community of the Wheatbelt more active in the Red Card program?

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Please list the proposed activity, how these funds will be allocated and any in kind/ co-contributions that the group is proposing.

Note: While in kind and cash contributions are not a requirement it can assist in demonstrating value for money. In kind can include all volunteer time. Suggest \$25/ hr as a reasonable cost.

Description of Item(s)		Total Cost	Funds Requested	
	Total	\$	\$	
Please provide your details for payment should your application be successful:				
Bank	BSB			
Account Number	Accou	unt Name		

## Have you received funding from Wheatbelt NRM in the past?

Yes No If yes please list previous projects: How did you hear about this opportunity (tick all that apply)? Wheatbelt NRM eNews Wheatbelt NRM Website **Direct Emails Community Newsletters** Word of Mouth Social Media Other (please specify):

## **Applicant Declaration**

The information provided in this application form is true and correct to the best of my knowledge. I am authorised by the Group to submit this application. All necessary insurances, approvals, permits and landholder permissions have been gained. I understand our obligations as detailed in the Guidelines.

	Checked box indicates signature of applicant
Date:	