



COMMUNITY DEVELOPMENT SUPPORT EXPENDITURE

APPLICATION FORM 2009 - CATEGORY 1 FUNDING

CONTACT PERSON: (for mail) _____

NAME OF ORGANISATION: _____

POSTAL ADDRESS: _____

COUNCIL AREA: _____

CONTACT PERSONS:

1. NAME: _____ TELEPHONE: _____
EMAIL: _____ FAX: _____

2. NAME: _____ TELEPHONE: _____
EMAIL: _____ FAX: _____

If your application for funding is successful you will be required to:

- make an appropriate level of acknowledgement of the funding source for the project;
- complete an evaluation form at the end of the project.

This question applies to benefiting organisations:

Has your organisation submitted a report / progress form to the CDSE Local Committee convenor and/or club? Yes No

Note: Organisations that have not submitted their report / progress forms should not be considered for further funding.

Signature of Chairperson/Management Representative

Full Name: _____ Date: _____

IMPORTANT INFORMATION

To determine whether your project is eligible for Category 1 funding, applicants should consult the CDSE Guidelines, which are available from the ClubsNSW website www.clubsnsw.com.au

Information on where and how to apply in each local government area is also available on the ClubsNSW website. Alternatively, please call ClubsNSW on 02 9268 3000 or email cdse@clubsnsw.com.au for further information.

(There is no application form for Category 2 funding. Applicants should liaise directly with individual CDSE clubs – a listing is provided on the ClubsNSW website.)

Applications should be sent to local committees or individual clubs, where appropriate. Applications sent to ClubsNSW will be returned.

PROJECT INFORMATION

BACKGROUND TO PROJECT

1. In what way does your project fit Category 1 of the CDSE Guidelines? Please detail.

2. What will your project do? Identify the social need in your community that your project will address, including relevant supporting information.

3. What impact will your project have on this identified need?

4. Whom will the project help? (Who will be the main beneficiary/target group/client group for the project?)

5. How will you manage this project? (How will you ensure it achieves its aims?)

6. How will you monitor and evaluate this project?

7. Has your application been supported by any other community organisations or do you intend to work in partnership with any other organisation on this project?
Please provide contact name and telephone number of the supporting organisation(s):

8. What is the proposed commencement date and completion date for the project?

9. Is the expenditure on community development and support to be applied outside New South Wales? If so, how will it be applied? (*For more information please refer to Section 5.8 of the CDSE Guidelines.*)

10. Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? If so, please give details (how much, which program):

11. Have you applied, or do you intend to apply, to any other registered club or any other funding body for this project (including CDSE applications in other areas)?

Yes No

If yes, please identify:

12. Has your organisation received CDSE funding from clubs before?

Yes No

If yes, when, what for, how much?

13. What is the total amount of CDSE funding you are seeking for this application?

\$

14. Will your project still be viable if you receive CDSE funding less than the requested amount?

Yes No

15. Please outline below the project budget for your proposal, including funding from this source (Community Development & Support Expenditure) and any other funding sources.

Budget Item	CDSE	Other funding sources
• Salaries (specify position)		
• Fees (specify – eg, sessional staff, tutors etc)		
• Administration		
• Program costs (including telephone, stationery, postage, audit, promotion)		
• Capital equipment		
• Rent		
• Other (please specify)		
Total funds		

16. Have you attached a copy of your last annual report including financial statements and auditor's report.

Yes No

17. Please state your ABN/GST status

ABN _____ GST Status _____

18. Please provide your organisation's banking details

Account Name:

BSB No:

Account No:

ADDITIONAL INFORMATION:

19. Is your organisation a non-profit organisation? Yes No
 Is your organisation incorporated? Yes No

If yes, please indicate which form of incorporation below:

- A company limited by guarantee
- A co-operative
- An incorporated association
- An unincorporated association
- Other – please detail below: