



CENTRAL HIGHLANDS COUNCIL COMMUNITY CHURCH GRANTS PROGRAM APPLICATION FORM

Please ensure you have read and understand the Program Guidelines prior to completing this form.

1. APPLICATION & ORGANISATION DETAILS

Applicant Organisation:

Contact Person's Name:

Contact Details

Address:

Phone: (Business hours)

Mobile:

Fax:

Email:

Signature

Name

Position in Organisation

Date

Name of Church:

Address of Church:

**Amount Applied for \$.....
(Maximum \$500.00)**

2. PROJECT DETAILS

Project Start Date:

Project Completion Date:

Project Objectives:

3. COUNCIL SUPPORT

Are you requesting other Council support? If yes, please give details.

**Are you requesting participation by Councillors or Council Staff?
If yes, please give details.**

**If your application is successful, how do you plan to acknowledge
Council's contribution?**

How will you monitor/evaluate the success of this project?

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4. PROJECT BUDGET

Please provide a breakdown of the project expenditure and income:

| Expenditure | Amount \$ | Income | Amount \$ |
|--------------------|------------------|---------------|------------------|
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