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COMMUNITY SMALL GRANT APPLICATION

GRANT APPLICANT

Name of Organisation:

ABN: *(if applicable)*

Postal Address:

Town:

Postcode:

Contact Person and Position:

Phone:

Mobile:

Email:

ORGANISATION DETAILS

Is your organisation registered for GST? *(Please tick)* YES NO

Is your organisation incorporated? *(Please tick)* YES NO

Does your organisation have a strategic plan? If so please attach copy.

Give a brief description of your organisation. *(eg Date established, Purpose, Activities membership etc)*

Has the organisation received a Community Small Grant in previous years?

If so when and what was the project(s)?

PROJECT DETAILS

Project Title:

Project Category:

- Minor works
- Culture and Events
- Health and Wellbeing
- Sport and Recreation

Project Purpose:

Project Management: *(Please detail planning, resource/skills, other relevant information)*

Location of Project:

Proposed Project Timeline:

Start Date:

Completion Date:

BUDGET

Project Expenditure:

Item or Service	Quote Supplied By	Cost
Total Expenditure		\$

Please attach copies of quotes

Project Income:

Source	Detail	Amount
Organisation contribution		\$
Fundraising / Sponsorship		\$
Other Government contribution		\$
In kind contribution		\$
Other		\$
GRANT REQUESTED		\$
Total Income		\$

NB Total Expenditure MUST equal Total Income

Council may not be able to provide the full amount requested.

Please specify the maximum amount that would allow the project to continue. \$