



Cultural Heritage Grants Program

Application form – 2015

Please ensure you have read the Cultural Heritage Grants Program guidelines and can demonstrate funding criteria eligibility before completing and submitting this application form.

Applications must be completed in full and submitted by the grant program closing date to:

Post:

Cultural Heritage Project Officer
City of Charles Sturt
PO Box 1
WOODVILLE SA 5011

Email:

llacey@charlessturt.sa.gov.au

APPLICATIONS MUST BE RECEIVED BY the CLOSE OF BUSINESS on the 28 FEBRUARY 2015

For further information on the Cultural Heritage Grants Program please contact the Cultural Heritage Project Officer, City of Charles Sturt by phone on 8408 1368 or email llacey@charlessturt.sa.gov.au

Section One: Applicant Information

Name of Applicant: _____

Street Address: _____

Postal Address: _____

Contact Person: _____ Position: _____

Telephone: _____ Mobile: _____

Email: _____

Incorporation Number (if a group or organisation): _____

ABN: _____

Are you registered for Goods and Services Tax (GST)? Yes No

Please Note: If you are not registered for Goods and Services Tax (GST), only the approved grant amount will be provided.

Why do you want to do this project? Why is this project required? How was it identified? What are the aims of the project? Who will this project benefit and why?

What is the historical focus of the project?

Who will be involved in the project? Who is being consulted about this project? Detail any other support for the project, including any letters of support that will be attached to your application.

Complete the following table to detail the project budget and show how the funds will be spent.

<i>Project Income (not including GST)</i>	\$	<i>Project expenditure (not including GST)</i>	\$
Grant amount requested			
Own contribution			
Other grants/income			
Total project income		Total project expenditure	

How will you acknowledge the support provided by the City of Charles Sturt?

Charles Sturt Funding and Subsidies

Please detail all current and previous support received from the City of Charles Sturt over the past three financial years (including Discretionary Ward Allowance funds, City Benefit Donation funds, Hall Hire subsidies etc). Please detail level of funding and purpose

1. _____

2. _____

3. _____

4. _____

Declaration

I, _____ state that the information provided in this application is, to the best of my knowledge, true and correct. I understand that any omission or false statement may result in the rejection of this application. I agree that the City of Charles Sturt, for the purpose of assessing this application, may check any of my statements.

I understand that this is an application and may not necessarily result in funding approval. If this application is successful, I am aware that a funding agreement must be entered into, and a financial report detailing expenditure and a project evaluation must be provided at the completion of the project.

Applicant's Full Name: _____

Position: _____

Signature: _____ Date: _____

Attachments

<i>Attachment Details</i>	<i>Tick if attached</i>	<i>Number of pages</i>
Draft text for interpretive material		
Curriculum vitae (if applying as an individual)		
Letters of support		
Other (Please specify)		