

MG My Gateway MY GIFT Community Support Scheme

APPLICATION FORM 2011

Name of Organisation Applying for Funding: _____

Council Area: _____

Primary Contact Details: _____

Title: _____ Name: _____
e.g. Mr/Mrs/Ms

Postal Address: _____

Suburb: _____ State: _____ Post code: _____

Phone: _____ FAX: _____

Email: _____

Secondary Contact Person Details:

Title: _____ Name: _____
e.g. Mr/Mrs/Ms

Phone: _____ FAX: _____

Email: _____

If your application for support 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.

Has your organisation received funding from MG My Gateway before? Yes No
If yes, in what year, for what purpose and how much?

Has your organisation submitted an Evaluation report for previous funding?
 Yes No N/A

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

Signature of Chairperson/Management Representative

Full Name: _____

Date: _____

IMPORTANT INFORMATION

Please read the My Gift Introduction & Community Engagement Guidelines, available from www.mygateway.org.au to assess your eligibility against the criteria.

REMINDERS:

- Applications should be sent to MG My Gateway My Gift Community Support Scheme PO Box 1354 Campbelltown NSW 2560.
- Please ensure all relevant support information, documentation, photos and covering letters are attached to your application.

FURTHER INFORMATION: Please call My Gateway Marketing Manager Steve Wisbey on 1800 993 200 or email steve.wisbey@mygateway.org.au for further information.

1. Please provide a short outline of your project (what you are going to do or provide, e.g. details of your event, service, organisation etc). Your Goal?

2. Briefly summarise what your organisation does (e.g. what is the purpose of your organisation, what special groups are you involved with etc)?

3. What local need does your project address?

4. Who will be the main beneficiary/target group/client group for the project? Please be specific (e.g. indigenous, men, women, children with learning difficulties).

5. From the list below, which category best describes your project? Please tick ONE (1) BOX ONLY.

- Disability
- Disadvantage
- Indigenous
- Pathways to Youth Employment and Training.

6. How will you manage and deliver this project? (How will you ensure it achieves its aims?)

7. How will you monitor and evaluate this project?

8. 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 written reference or contact name and telephone number of the supporting organisation/s):

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

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):

12. Have you applied, or do you intend to apply, to any other funding body or community support scheme for this project?

Yes

No

If yes, please identify:

FINANCIAL INFORMATION

14. What is the amount of fundraising/ projected cost of the stated goal?

\$

15. Will your project still be viable if the MY Gift Community Support Scheme raises less than the requested amount?

Yes No

16. Please attach a project budget for your proposal or applicable quotes for equipment, etc including desired fundraising from this partnership and any other funding sources.

17. Unless you are a “start up” organisation and have no previous financial statements, Please attach a copy of your last annual report including financial statements to ensure you meet the stated criteria. Have you attached the report? Yes No

18. Please state your ABN/GST status:

ABN _____ GST Status _____

19. Please attach relevant copies of NSW Government Charitable Fundraising Number or Australian Taxation Office Deductible Gift Recipient Status advice.

ADDITIONAL INFORMATION:

20. Is your organisation a non-profit organisation? Yes No

21. 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:
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