Please submit your application to:

|  |  |
| --- | --- |
| Recfishwest  P O Box 34  NORTH BEACH WA 6920 | Ph: (08) 9246 3366  Email: recfish@recfishwest.org.au |

Region:



South Coast West Coast Gascoyne Pilbara/Kimberley Statewide

Amount being requested: $\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION ONE – APPLICANT DETAILS AND PROJECT SUMMARY** | | | | |
| Trading Name of Organisation: |  | | | |
| Legal Name of Organisation: |  | | | |
| Is your organisation incorporated? | | Yes, attach certificate | No | Govt Dept |
| Does your organisation have an ABN? | | Yes, attach certificate | No | Govt Dept |
| Is your organisation registered for GST | | Yes | No | |
| **Person responsible for the project:** | | | | |
| Name | |  | | |
| Position | |  | | |
| Postal Address | |  | | |
| Telephone | | Fax | | |
| Mobile | | Email | | |

**In 100 words or less please provide a summary of what the grant money will be used for:**

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| SECTION TWO – FULL PROJECT DESCRIPTION |

**Full description of the project / activity / grant expenditure including an indicative budget** (Please attach any further supporting material)

**Community Benefit:** (Who will benefit from the activity for which you are seeking this grant?)

**Other Support and Ongoing Costs:** (Which other organizations will be involved in this grant expenditure and will there be any reoccurring expenses associated with this grant?)

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| SECTION THREE – DECLARATION |

I confirm that the details contained in this application and its attachments are true and correct. I understand that if this application is approved, my signature below is an agreement to abide by the undertakings and conditions of the grant, as outlined in the grant guidelines.

|  |  |
| --- | --- |
| Signed (Executive of Organisation) |  |
| Date |  |

**APPLICATIONS MUST BE RECEIVED BY**

**Midnight 7 November 2016**