Please submit your application to:

|  |  |
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| Recfishwest  Suite 3, 45 Northside Drive  Hillarys WA 6025 | Ph: (08) 9246 3366  Email: vanessa@recfishwest.org.au |

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

Amount being requested (Including GST): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region where project will benefit fishing:



South Coast West Coast Gascoyne Pilbara/Kimberley Statewide

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION ONE – APPLICANT DETAILS AND PROJECT SUMMARY** | | | | |
| Trading name of organisation: |  | | | |
| Legal name of organisation: |  | | | |
| Is your organisation incorporated? | | Yes | No | Govt Dept |
| Does your organisation have an ABN? Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes | 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 brief 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 provide as much detail as possible about your planned project including level of community participation, location / duration, planned promotion and expected outcomes. This information will assist Recfishwest in assessing your application. Please also attach any further supporting material that will assist the Recfishwest Board in understanding your project.)

**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 26 November 2019**

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