

# Round 15 Recfishwest Community Grant Program Application Form



Please submit your application to:  
Recfishwest  
Suite 3, 45 Northside Drive  
Hillarys WA 6025

Ph: (08) 9246 3366  
Email: [info@recfishwest.org.au](mailto:info@recfishwest.org.au)

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

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

Region where project will benefit fishing:



South Coast



West Coast



Gascoyne



Pilbara/Kimberley



Statewide

### APPLICANT DETAILS

Trading name of organisation:			
Legal name of organisation:			
Is your organisation incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Govt Dept
Does your organisation have an ABN? Number _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Govt Dept
Is your organisation registered for GST	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Project contact:** This is the person who will be contacted if we have questions about the project and will receive notifications about the application outcome.

Name	
Position	
Postal Address	
Telephone	
Email	

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

**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:**

How will the community benefit from the project?

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**Ongoing Costs:**

Which other organisations will be involved in this grant expenditure and will there be any reoccurring expenses associated with this grant?

**Project Support:**

Please provide details of support for the project including contact details if applicable and attach letters of support to your application.

**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  
Sunday 15th September 2024**

