**Shire of Denmark**

**Cultural Development Fund**

APPLICATION FORM 2017/2018

**APPLICATION SUMMARY SHEET**

Please complete carefully.

All relevant information must be provided.

If assistance is required, please contact the Records Officer on (08) 9848 0300.

**Name of Organisation/Group/Applicant:**

Address:

Contact Person Email:

Contact Person:

Position:

Telephone: (H)

(W)

**Project Details:**

Total cost of project: $

Amount requested: $

The closing date for applications is -

**4.00pm Friday 5th May 2017**

Successful applicants will be notified.

Applications are to be addressed to:

Chief Executive Officer

Shire of Denmark

PO Box 183

DENMARK WA 6333

**Information for Applicants**

* Before completing this form, applicants should read the Cultural Development Fund Guidelines.
* Applications should be printed or typed clearly in black ink.
* Comprehensive budgetary details are required on the budget form enclosed.
* Please summarise the information in the space provided on the form. If you require further space to describe your project, provide the information as briefly as possible on A4 paper, marking clearly the item to which this additional information refers and listing these attachments on page four of this application.

**BUDGET**

**PLEASE NOTE**

An application received outside the above deadline will be returned to the Applicant with the request that it be resubmitted for consideration in the following financial year funding round.

**Proposed Locations & Program/Schedule of Activities** (please attach)

**How does this project support the aims of the Cultural Development Fund?**

**Objectives of Project:**

**Description of Project:**

**Project Title:**

Project Starting Date: Ending Date:

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| --- | --- | --- | --- | --- |
| **INCOME** | **$** |  | **EXPENDITURE** | **$** |
| **Please Itemise** |  | **Please Itemise** |  |
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| **Applicant Contribution** |  |  |  |
| * **In-kind** |  |  |  |
| * **Cash** |  |  |  |
| * **Sponsorship / Other Grants** |  |  |  |
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| **Other Grants (please list)** |  |  |  |
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| **Other Income (please list)** |  |  |  |
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**DECLARATION**

I have read the guidelines relating to grants under this program and certify that to the best of my knowledge the information provided in this form is correct and disclose a full and accurate account of income, expenditure and activities.

**(1) Name of Group:**

**(2) Project Contact Person:**

**Signature:**

**Date:**

**(3) President/Authorised Office-Bearer:**

**Signature:**

**Date:**

**Groups Involved:**

Contact Person(s):

**People Involved in Project:**

Name(s) Role: