

RamsgateRSL SCHOOL CARE PROJECT



• FEEDING LOCAL PROJECTS •

APPLICATION FORM

Please email completed application form to marketing@ramsgatersl.com.au

CONTACT INFORMATION

Name of School applying for Funding:

Council Area:

PRIMARY CONTACT DETAILS

Contact Name: Position:

Address:

Postal Address:

Suburb: State: Postcode:

Phone: Email:

SECONDARY CONTACT DETAILS

Contact Name: Position:

Phone: Email:

ELIGIBILITY

- Only Schools can apply (no individual personal projects)
- Schools can be either Primary or High School
- Schools and projects must be located in the local area within 5km radius from Ramsgate RSL
- Project must fall under Ramsgate RSL's CARE Framework: Community Awareness and Respecting our Environment

1. Project Name:

2. Project Sponsors (if applicable):

3. Which of the following Ramsgate RSL CARE Program priorities does your project address? Please tick one (1) box only
☐ Community Project ☐ Cultural Project ☐ Environment/Sustainability Project ☐ Health Promotion Project

4. Please provide an outline of your project and how it fits with the Ramsgate RSL CARE Framework
(Community Awareness and Respecting Our Environment)

5. Who and how many people will benefit from your project?

6. If you expect any indirect beneficiaries, who might they be? ☐ N/A

7. What impact do you hope to have on your school (and if applicable the community) with this project?

8. How will you know that you have made a difference (and measure your outcomes)?

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

10. What are your plans to ensure that the benefits of the project will be sustained (continue after the project has finished and/or there is no more funding available?)

11. Are you working with other partners or asked for support from anyone else? Y ☐ N ☐

a. If yes, please provide contact details:

12. Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? If yes, please give details (how much, which program): N/A ☐

13. Please outline below the project budget for your proposal for the three (3) levels of funding available. E.G., program costs, equipment costs, etc.

\$5000 Grant (assuming you received the whole amount)

Expenditure	
Description	\$
TOTAL EXPENDITURE	\$

\$3000 Grant (assuming you received part funding)

Expenditure	
Description	\$
TOTAL EXPENDITURE	\$

\$2000 Grant (assuming you received part funding)

Expenditure	
Description	\$
TOTAL EXPENDITURE	\$

DECLARATION, AUTHORITY AND CONSENT

The Applicant declares that the Application information is true and correct. The Applicant will notify the club of any changes to this information and any circumstances that may affect this application.

The Applicant authorises and consents to the Club:

1. Referring this application (as necessary) to external experts for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative funding opportunities.

I understand that this is an application only and may not necessarily result in funding approval.

I am authorised to submit this application on behalf of the school and agree to the Declaration, Authority and Consent.

I have read and agreed to the above.

Authorised Person:

Title: First Name: Last Name:

Position: Contact Number:

Signature: Date: