

## APPLICATION FORM

Please email completed application form to [marketing@ramsgatersl.com.au](mailto:marketing@ramsgatersl.com.au)

### CONTACT INFORMATION

Name of School applying for Funding

Council Area

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### PRIMARY CONTACT DETAILS

Contact Name  Position

Address

Postal Address

Suburb  State  Postcode

Phone  Email

### PRIMARY CONTACT DETAILS

Contact Name  Position

Phone  Email

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### 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 and within 5km radius from Ramsgate RSL.
- Project must fall under the Societie Matters Framework: Community Awareness and Respecting our Environment.

1. Project Name:

2. Project Sponsors (if applicable):

3. Which of the following Societie Group Program Framework priorities does your project address?  
Please tick (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 Program 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)?

5. 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?  Yes  No

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.:

\$5,000 GRANT EXPENDITURE	
DESCRIPTION	\$
<b>TOTAL EXPENDITURE</b>	

\$3,000 GRANT EXPENDITURE	
DESCRIPTION	\$
<b>TOTAL EXPENDITURE</b>	

\$2,000 GRANT EXPENDITURE	
DESCRIPTION	\$
<b>TOTAL EXPENDITURE</b>	

## DECLARATION

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 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 the discussion regarding alternative or collaborative funding opportunities.

I understand this 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 agrees to the Declaration. Authority and Consent.

I have read and agree to the above.

Authorised Person

Title  First Name  Surname

Position  Contact Number

Signature  Date