



KARI COMMUNITY PROGRAMS

COMMUNITY GRANTS APPLICATION

APPLICATION FORM

Please Note: All questions contained within this application must be answered in full. If you need support to complete the application please contact us.

1. APPLICANT INFORMATION

a) **Your Name:**

b) **Are you applying as an individual or on behalf of an organisation:**

Individual **Organisation**

Note: If you are applying as an individual please ensure that a 'Statement By Supplier' is attached to this application and proceed to Question 1(j). If you are applying on behalf of an organisation please proceed with questions. For more information see:

<http://www.ato.gov.au/businesses/content.asp?doc=/content/38509.htm>

c) **Business Name:**

d) **Trading Name (if applicable):**

e) **Australian Business Number(ABN):**

f) **Address:**

g) **Telephone Contact:**

h) **Mobile Contact:**

i) **Email**

j) **Briefly outline the purpose and vision of your group/agency. Please include information about current activities that you provide.**



o) Please outline the target group for your program and the total number of participants:

p) Please outline the objectives of your initiative:

1)
2)
3)

q) Please outline how this program relates to the KARI Community Programs Unit's Vision and Mission (Note: application guidelines outline our Vision and Mission):



c) Please provide an outline of how you will promote your program, including how you will acknowledge KARI's sponsorship in your marketing:

d) If you are successful in your application you will be required to submit a final evaluation report on completion of the project. Describe how you will monitor and evaluate your program:

4. FINANCIAL DETAILS

a) Financial Institution Name:

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b) Branch:

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c) Financial Institution Address:

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d) Account Name:

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ii.
iii.
iv.

7. REFEREES

Please nominate two people who can be contacted to provide us with a personal reference and/or provide feedback regarding your group or organisation.

a) Referee 1

Name:

Relationship:

Contact Number:

Referee Comments:

b) Referee 2

Name:

Relationship:

Contact Number:

Referee Comments:

8. TERMS AND CONDITIONS

All recipients of funding under the KARI Community Program Grants must abide by the following terms and conditions.

- a) All information provided to KARI Aboriginal Resources Incorporated within this application must be true and correct.
- b) The funding provided under this Community Grants Program must be used for the specific purpose for which it was funded.
- c) If the commencement or completion of the approved project is delayed for any reason, the recipient must notify KARI at the earliest opportunity and provide such evidence as is requested to justify the reason for the delay.
- d) Recipients must submit an evaluation report and attend a debriefing session with a representative of KARI following the completion of the Program for which funding was provided. This meeting must be held for the purpose of discussing the effectiveness of the Program and must occur within 1 month of the completion of the Program.
- e) All Invoices or relevant documentation relating to the Program/Initiative **MUST** be received by KARI no later than one calendar month after the project has been completed.
- f) All invoices should be addressed to the'

**Community Programs Co-ordinator
"Accounts"
PO Box 207
LIVERPOOL NSW 1871**

- g) Should the Program/Initiative fail to eventuate then all funds will immediately be returned to KARI.
- h) KARI Aboriginal Resources Inc reserves the right to suspend or revoke the agreed funding if :
 - i. If there is a breach of any of the Terms and Conditions.
 - ii. The funds were not applied to the agreed project.
 - iii. The project was not conducted at the location mentioned in the application
- i) Should your application be successful you must agree to the following:
 - i. i/we will execute the formal funding agreement provided by KARI
 - ii. I/we will immediately apply the funding to the project and provide all original receipts and invoices to KARI as and when requested.
 - iii. The purchased goods/resources services must be utilised for the project activities only.
 - iv. I/ we will provide KARI with an appropriate quotation for all goods/resources and then provide to KARI with the application.
 - v. I/we will abide by KARI code of conduct and ethical practice guidelines.

9. APPLICATION CHECKLIST

Please use this check list to ensure you have complied with all of the application requirements. Applications that are received without all of the relevant information will not be assessed.

- I have read and understood the application guidelines
- The application form is complete
- Original Tax Invoices are attached
- All requested documentation is attached to this application
- I have kept an original copy of the application for my own files

I hereby attest that I have read and understood all of the information contained within this document (including the terms and conditions) and wish to proceed with the application.

**Applicant
Signature:**

Date:

OFFICE USE ONLY

Date received:

Received by:

CP COORDINATOR

Recommended:

Yes No

If No, Please give reasons

Signature:

Date:

COMMUNITY PROGRAMS MANAGER

Recommended:

Yes No

If No, Please give reasons

Signature:

Date:

CEO

Approved:

Yes No

If No, Please give reasons

Signature:

Date: