ActewAGL for you

Source Water Protection Program
Grant Application Form

Please read the *Conditions of Grant* document prior to completing your application.

Applicant Details

Name of organisation: …….

Contact person:……. Office/Title……

Postal address: ……. Postcode:……

Phone:…….. Fax:…….. Email:……

Organisation legal status: ☐ Incorporated organisation ☐ Community group ☐ Individual ☐ Other

Australian Business Number: ……

GST Registered: ☐ Yes ☐ No

If applicable, please describe the organisation, its aims and objectives, membership and areas of interest:

Project Details:

Project Title:

Which of the following objectives will this project address?

☐ Protects the ACT drinking water catchments from potential contaminants.

☐ Promotes catchment-sensitive land management practices.

☐ Delivers education and training materials and/or programs about the drinking water catchments for land managers.

☐ Delivers education materials and/or programs about the drinking water catchments for students.

☐ Delivers education materials and/or programs about the drinking water catchments for the community.

☐ Delivers opportunities for community participation in protection of the drinking water catchments.

☐ Improves drinking water catchment data gathering and information management systems.

Other objectives:

Expected outcomes:

What are the intended results of your project activities? How will your project help with protecting the ACT drinking water catchments? How will it complement other planned initiatives and activities?

Start Date:…….. **End Date:**……..

ActewAGL for you

Project Budget

Amount of funding requested (excluding GST):

Please provide an itemised budget of all expenses (excluding GST). The table should include all sources of income including other sources of funding.

Expenses (e.g. professional fees, catering, administration)	**ActewAGL Grants/$**	**Other Funding/$**	**Total/$**

Please provide details below of any other sources of funding.

Organisation	**Cash/$**	**In Kind/$**

Certification

Where applicable, the President/Chairperson and one office-bearer must sign this application. For applicants

I certify that, to the best of my knowledge, the information in this application is true and correct.

Signed:……	Signed:……
Name: ……..	Name: ……..
Position:……	Position:……
Date: ……..	Date: ……..

Approval (for ActewAGL use only)

ActewAGL representatives

Name:_____ Signature:_____Date:_____

Name:_____ Signature:_____Date:_____

ACTEW Representative

Name:_____ Signature:_____Date:_____