



Shire of Derby / West Kimberley Quick Grants Application Form

Community Development Department
PO Box 94, Derby WA 6728
ph 9191 0999 fx 9191 0998

Your Contact Details:

Name of organisation:			
Contact person:		Position:	
Your postal address:		Your email address:	
Your ABN:		Your phone and fax number:	
Amt. requested from Council: (>\$500)			

Please describe what you are requesting a Quick Grant for: (include detail about what, where, when, who and how)

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How will it benefit the community? (Outline what you plan to achieve, including any social, economic, environmental outcomes)

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Does your application require the waiver of hire fees or use of Shire equipment and personnel? Yes No

Please indicate which Shire venue, equipment or personnel you require and when. (NB – planned SDWK works take priority)

Alternatively if your request is for cash what will it be spent on? (Please outline any contribution your group is also making)

Where required have you applied for all required licences, permits and approvals? Yes No

Licence / Permit / Approval	

SIGNATURES:

Please attach any additional information about your organisation or project that would support your application. Please read, tick the boxes and sign.

I acknowledge that I am authorised to make this application on behalf of the organisation.

I acknowledge that the information in this application is true and correct.

I acknowledge that I may be required to supply further information prior to consideration of this application by the SDWK.

I acknowledge that I will complete an acquittal report and submit it within three months of project / event completion.

I provide permission for the Shire of Derby / West Kimberley to promote this Community Grant as part of any communications and public relations activities.

Signature

Date

Print name