



*Tronox Management and Shire of Dandaragan*

**2025 / 2026 APPLICATION FOR FINANCIAL ASSISTANCE  
TOWARDS THE PROVISION OF  
SPORTING AND RECREATION FACILITIES**

(A copy of this application is available electronically on Council's website – [www.dandaragan.wa.gov.au](http://www.dandaragan.wa.gov.au))

**NAME OF ORGANISATION:** \_\_\_\_\_

**GST STATUS:** Registered for GST \_\_\_\_\_ Not registered for GST \_\_\_\_\_

**INCORPORATION STATUS:** Incorporated \_\_\_\_\_ Not Incorporated \_\_\_\_\_

**ABN:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**EMAIL CONTACT:** \_\_\_\_\_

**BEFORE COMPLETING THIS APPLICATION FORM  
PLEASE READ AND ADHERE TO THE ATTACHED GUIDELINES**

**PROJECT DESCRIPTION:** (Provide full details of project or equipment)

**PROJECT LOCATION:** (Provide details of where the project or equipment is to be located)

**USAGE:** (Provide details of the usage expected, e.g. number of times per year/week)

**NEED:** (outline the demand for the project e.g. meeting minutes):

**BENEFITS** (what are the benefits of this project to your organisation and/or community)

**TOTAL COST:** (Provide full details of project or equipment costs, ex GST.)

\$

*Note: This application must be accompanied by a copy of your organisation's most recent bank statement to ensure you can meet the cost of the entire project (see grant guidelines)*

**GRANT REQUESTED:** (Maximum grant is 50% of the total project cost, ex GST.)

\$

**LIST ANY SOURCES OF OUTSIDE FINANCIAL ASSISTANCE THAT HAS BEEN APPLIED FOR THIS PARTICULAR PROJECT AND THE AMOUNT RECEIVED:**

Funding body:	\$ Amount:	Outcome: (successful, pending or denied)

**CHECKLIST:**

- |   | TICK |
|---|------|
| 1. Have you read, understood and adhered to the guidelines?   | ( )  |
| 2. Have you ensured you have completed every question on the application form?  | ( )  |
| 3. Have you provided a copy of your organisation's current bank statement and / or current bank statement, if applicable? | ( )  |
| 4. Have you provided copies of quotations for the total project costs?  | ( )  |

**PERSON COMPLETING APPLICATION:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE (during office hours):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_