 

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) *)*

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| **NAME OF ORGANISATION:** |  |

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| --- | --- | --- | --- | --- | --- |
| **GST STATUS:** | Registered for GST  |  |  |  Not registered for GST |   |

**INCORPORATION STATUS:** Incorporated Not Incorporated

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

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| **POSTAL ADDRESS:** |  |

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| **EMAIL CONTACT:** |  |

# BEFORE COMPLETING THIS APPLICATION FORM

# PLEASE READ AND ADHERE TO THE ATTACHED GUIDELINES

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

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

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

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

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

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

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*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.)

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

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| Funding body: $ Amount: Outcome: (successful, pending or denied)  |
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**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? ( )

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| **PERSON COMPLETING APPLICATION:** |  |

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| **CONTACT PERSON:** |  |

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| **PHONE (during office hours):** |  |

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| --- | --- |
| **EMAIL:** |  |

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| --- | --- | --- | --- |
| **SIGNATURE:** |  | DATE: |  |