



APPLICATION FORM - 2024 ROUND 2

MAJU PULU KITA | ADVANCE OUR ISLANDS

	ECTION ONE - Details of Applicant Organisation ote: must be not-for-profit community organisation)				
1.1	LEGAL NAME OF ORGANISATION:				
1.2	APPLICANT DETAILS: (Person filling out application form)				
	NAME:				
	POSITION HELD WITHIN ORGANISATION:				
	TELEPHONE NUMBER (daytime):				
	E-MAIL ADDRESS:				
1.3	CONTACT ADDRESS:				
1.4	ARE YOU AN INCORPORATED ASSOCIATION / CLUB: (Please circle)				
	Yes – continue to 1.5 No - continue to 1.4a				
1.4a	AUSPICING ORGANISATION DETAILS:				
	LEGAL NAME OF ORGANISATION:				
	CONTACT PERSON:				
	POSITION HELD WITHIN ORGANISATION:				
	TELEPHONE NUMBER (daytime):				
	E-MAIL ADDRESS:				

	BRIEF OVERVIEW OF ORGANISATION / CLUB'S PURPOSE:
C"	FROM TWO - Details of Project
C"	PROJECT DESCRIPTION: (Please provide a brief description of either – a) type of equipment to be purchased/works to be completed, and for what purpose; b) type of activity or event to be held, and what the funding being sought would be used for.
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INCOME eg. your funds/in-kind contribution	\$ ons/fundraising	FUNDING SOUGHT \$
TOTAL PROJECT BUDGET		
TOTAL PROJECT BUDGET		
DOLLAR AMOUNT REÇ	T	
ΓΙΟΝ THREE - Benefit to the	Community	
	•	
SUMMARY OF ACTIVITIES AND C key activities, project outcomes and how	out COMES. (Provide it aligns with the Shire	a summary of your project, includ e's Community Strategic Plan.)

2.2

PROJECT BUDGET:

3.2	HOW WILL YOUR PROJECT BENEFIT THE PEOPLE OF THE SHIRE OF COCOS (KEELING) ISLANDS?					
3.3	IS YOUR ORGANISATION REGISTERED UNDER THE SHIRE'S ADOPT-A-SPOT PROGRAM? (Please circle)					
	Yes – continue to SECTION 4					
	No - Why?					
SEC	CTION FOUR - Required attachments					
	ASE ENSURE ALL NECESSARY ADDITIONAL INFORMATION IS ATTACHED TO THIS LICATION FORM.					
	Check List (please tick the box/es below):					
	☐ Organisation's current financial statement or bank statement if available					
	□ Copy of 2 quotations					
	☐ Details of your community organisation i.e. membership numbers, length in operation and committee members.					
	Any general information which your organisation deems necessary to attach to support your application for funding (<i>optional</i>)					

SECTION FIVE - Declaration								
I hereby certify that I		authorised to			, ,		, ,	
application is true and corr					ngermunien	procincu		
NAME:								
SIGNATURE:								
DATE:								
To be signed by Organisati NAME: SIGNATURE: DATE:				·				

SECTION SIX - Application Process

Completed application forms must be received by the Shire's Community Development Coordinator by 4:00pm Wednesday 30th OCTOBER 2024.

Applications to be addressed as follows:

SHIRE OF COCOS (KEELING) ISLANDS COMMUNITY FUNDING PROGRAM PO BOX 1094 COCOS (KEELING) ISLANDS WA 6799

For further information about this program, please contact the Community Development Coordinator, on telephone 08 9162 6649, or by E-mail: Nadya.adim@cocos.wa.gov.au.

"The Shire of Cocos (Keeling) Islands 'Community Funding Program' has been developed to provide a funding source for non-profit organisations within our community. The projects/events/festivals undertaken by these organisations must have return benefits for people in our local community."