

**GUIDELINES FOR COMPLETING THIS APPLICATION:**

- Each project application must be completed on a separate application form.
- Grant applications will not be considered for equipment that is permanent infrastructure on grounds without permanent tenure. i.e., must be readily moveable and not a fixed item.
- Not for ordinary show equipment e.g., gazebos, ropes, and poop scoopers, buckets etc although these may be considered if lost in a natural disaster.
- Items must be invoiced to DOGS NSW and have a secured and verifiable ongoing guardianship.
- The completed form is to be returned to the Director responsible for your Region by 30th November 2021. Director contact details can be found on the DOGS NSW website <https://www.dogsnew.org.au/about/board-of-directors/>

**APPLICANT DETAILS:**

Club / Affiliate Name:

Region Name:

Secretary Name:

Date:

Email:

Contact Number:

**1. Please provide a summary of your project****2. What changes will your project achieve in the long term (this could include how your project may contribute to the strategic aims/goals of your Region and DOGS NSW)**



3. How will you measure the project achievements?


4. Are there any issues you foresee to successfully completing your project? If so, how will these be managed?


5. Please list the cost of each item and/or service you are seeking funds for (\$AUD including GST).




## 6. Total funds requested (including GST):

\$

## 7. Please list a minimum of three (3) quotes you have received for the item you are applying for the grant

	SUPPLIER	QUOTE NUMBER	AMOUNT
1			\$
2			\$
3			\$
4			\$

## 8. Will the item be fixed, or can it be moved (portable)?

Fixed ☐ Portable ☐

## 9. Name and address of the custodian i.e. person responsible for the asset.


## 10. List your Profit/Loss for the last three (3) years

2019-2020	\$	Profit <input type="checkbox"/>	Loss <input type="checkbox"/>
2018-2019	\$	Profit <input type="checkbox"/>	Loss <input type="checkbox"/>
2017-2018	\$	Profit <input type="checkbox"/>	Loss <input type="checkbox"/>

## 10. Other Comments or Notes


## 11. Signatures of Authority

I confirm that the information provided on this application is correct.

President's Name:		President's Signature:		Date:	
Treasurer's Name:		Treasurer's Signature:		Date:	
Secretary's Name:		Secretary's Signature:		Date:	

## OFFICE USE ONLY

Date Processed		Processed by:	
Approved by:			