



ADDITIONAL INFORMATION FORM

Special Initiative Grant

Please attach this Form to the Lotterywest Grant Application Form.

Applications for Special Initiatives Grants may be submitted at any time during the year.

Whilst the information provided in this Additional Information Form should be kept brief it should provide sufficient indication that the proposal is likely to meet all criteria (as listed in the Special Initiatives Grants Information Package). You may also attach other relevant documents, if you think these are important to your proposal.

Please contact a member of our grants team for further information or to discuss ideas for a Special Initiatives Grant.

Phone: (08) 9340 5270
Toll Free: 1800 655 270
TTY: (08) 9340 5236
Fax: (08) 9340 5274
Email: grants@lotterywest.wa.gov.au
Web: www.lotterywest.wa.gov.au/grants

Street Address: Lotterywest (Grants and Community Development)
74 Walters Drive
Osborne Park WA 6017

Postal Address: Lotterywest (Grants and Community Development)
P O Box 1113
Osborne Park WA 6917



NAME OF APPLICANT ORGANISATION:: _____

NAME OF INITIATIVE:: _____

ADDRESS/LOCATION OF INITIATIVE:: _____

PROJECT DESCRIPTION

Please provide a brief summary of your project.

COMMUNITY BENEFIT

Please provide details describing how the initiative is important to the community and has measurable benefits. Please also provide information about how the proposed asset/event will be accessible to the community.



PROJECT BUDGET

Please ensure that your budget is supported by two written quotes for the purchase of materials or items over \$3,000. (Where these can not be obtained a clear explanation of the reason should be provided). Please provide brief details of how your budget was calculated (attach if necessary).

Expenditure Items	Income Source	Total Amount Including GST (\$)	Total Amount excluding GST (\$)
1			
2			
3			
4			
5			
6			
7			
8			
9			
TOTAL			

CONTRIBUTION BY APPLICANT \$ _____

AMOUNT REQUESTED FROM LOTTERYWEST \$ _____

Contribution by Others	Confirmed	
Source: _____ \$ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Source: _____ \$ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Source: _____ \$ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TOTAL PROJECT COST \$ _____

NB. Total Project Cost = Grant requested + Applicant contribution + Other contributions

