



## ADDITIONAL INFORMATION FORM

### Strengthening Community Service Delivery

### Telecentre Grants

Please attach this Form to the Lotterywest Grant Application Form. Telecentre Grant applications may be submitted at any time.

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 Telecentre Grants Information Package).

Please contact a member of our grants team for further information or to discuss your proposal.

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



**Required Additional Information**

The questions below are provided as prompts for what we would like you to cover. Please provide other information as an attachment if you think it helps to explain your service or this proposal.

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

\_\_\_\_\_

**PROPOSAL SUMMARY:**

Provide a brief summary of your proposal, what it hopes to achieve and how it will enhance your organisation's service to the community. Why is this opportunity important to your organisation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. NEED FOR THE PROPOSAL**

Provide a brief explanation of the background to your proposal. How did it arise? Explain who or what the proposal is targeting and why this proposal is the most appropriate response to those needs. Mention any research or consultation you have carried out.

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\_\_\_\_\_  
\_\_\_\_\_  
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**2. PROPOSAL BENEFITS**

Detail the proposal's importance to your community and any measurable benefits. Also provide any information on how it will be accessible to the community.

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**3. SUITABILITY OF THE PROPOSED ITEMS**

Describe how you established that this proposal is the most appropriate response to the needs identified. Have you sought any advice that confirms this?

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**4. BUDGET**



Please provide a budget for the entire proposal, including contributions from all sources. Describe specific line items and the basis upon which costings have been made. Attach more information if necessary.

Please ensure that your budget is supported by two quotes for the purchase of items over \$3,000, and one quote for items less than \$3,000 (only include the preferred quote in this schedule).

<b>Description</b>	<b>Basis of costing</b>	<b>Cost \$ (ex-GST)</b>
1		
2		
3		
4		
5		
6		
7		
8		
<b>TOTAL</b>		

**Proposed sources of funding** – Specify the source of other contributions, to what aspects of the project they relate and whether potential or actual.

**CONTRIBUTION BY APPLICANT** \$ \_\_\_\_\_

**AMOUNT REQUESTED FROM LOTTERYWEST** \$ \_\_\_\_\_

**CONTRIBUTION BY OTHERS**

**CONFIRMED**

**Source:** \_\_\_\_\_ \$ \_\_\_\_\_ **Yes**  **No**

**Source:** \_\_\_\_\_ \$ \_\_\_\_\_ **Yes**  **No**

**TOTAL SERVICE COST:** \$ \_\_\_\_\_

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



**Non-Cash Contributions** - Describe the contributions only. Please do not assign a monetary value.

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**5. YOUR ORGANISATION'S CAPACITY**

Outline the expertise of your organisation relevant to this proposal, including your experience of managing grants. Describe how your organisation will manage this proposal during its implementation and in future (particularly for items that will require maintenance and/or regular replacement.

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