



Grant Application Form

Emergency relief



1. What is the legal name of your organisation?

2. Please indicate which best describes your organisation

- Incorporated Association Unincorporated Group Aboriginal Corporation
 Local Government Authority Church or faith based organisation University
 Company (not-for-profit) Trust (not-for-profit)
 Organisation established under an Act of Parliament

Other (please state)

3. Has your organisation ever been known by any other name? (please tick)

- Yes No

3a. Other name(s)

4. Is your organisation located within the Indian Ocean Territories of Christmas or Cocos (Keeling) Islands?

(please tick)

- Yes No

You do not need to fill out questions 5 and 6 if the application is for an Indian Ocean Territory.
Please find information related to this in the FAQ's section of our website.

5. Does your organisation have an Australian Business Number (ABN)? (please tick)

- Yes No

5a. If yes, what is your ABN?

6. Is your organisation registered for GST? (please tick)

- Yes No

7. Please provide details of your organisation's main operating account.

Account Name

BSB Number

Account Number

Bank Name

Application Form information

Additional information related to our grants is available from our website, see addresses opposite.

If you need further help please contact us on 08 9340 5270 or Toll Free on 1800 655 270, or you can email us at grants@lotterywest.wa.gov.au



Our Grants
www.lotterywest.wa.gov.au/grants/working-for-you



Grant Information
www.lotterywest.wa.gov.au/grants/grant-types



Further Resources
www.lotterywest.wa.gov.au/grants/news-and-events/publications



8. Please enter your organisation's details.

Suburb

State

Postcode

Phone

Mobile

Organisation Email

Website/URL

Postal Address

(please tick if same as above)

Address

Suburb

State

Postcode

9. Please provide your Chairperson's contact details. This will be used to confirm the information provided and to secure agreement to our conditions of grant.

Title (Mr, Mrs, Dr etc.)

Name

Position/Role

Postal Address

City/Town

State

Postcode

Phone

Mobile

Email



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For not-for-profit Companies, Trusts and Aboriginal Corporations, please provide details of two Directors or a Director and Secretary.

Director

Title (*Mr, Mrs, Dr etc.*)

Name

Position/Role

Postal Address

City/Town

State

Postcode

Phone

Mobile

Email

Director or Secretary

Title (*Mr, Mrs, Dr etc.*)

Name

Position/Role

Postal Address

City/Town

State

Postcode

Phone

Mobile

Email



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10. What is your preferred method of receiving communication from Lotterywest (including conditions of grant, grant approvals and other correspondence)? *(please tick)*

by post by email

11. For the purposes of this application, does the person listed in Q9 choose to give responsibility for signing the Lotterywest Conditions of Grant to someone else within your organisation? *(please tick)*

Yes No

11a If yes, please complete a Delegated Authority Form and submit it with your application, please find this under 'forms' on our website.

12. Does your organisation manage more than one service or activity? *(please tick)*

Yes No

12a. What is the name of the service(s) or activities which this application is made for?

12b. Is this service(s) or activity based at a different location than your organisation's main address?

Yes No

12c. If yes, please provide both street and postal addresses.

Address

Suburb

State

Postcode

Postal Address Same as above

Address

Suburb

State

Postcode

13. If you have been in discussion with a member of our Grants team about this application, who have you talked with? (if you have not had contact with us please leave blank)

Name

14. Who is the best person for Lotterywest to talk to about this application?

Title *(Mr, Mrs, Dr etc.)*

Name

Phone

Mobile

Email



Referees

Please provide details of three independent referees whom Lotterywest can speak to about your organisation and about this application. Referees cannot be members of your organisation or your board. Referees may include relevant individuals, peak bodies or other organisations.

1. Title (*Mr, Mrs, Dr etc.*) Name

Organisation

Phone

Mobile

Email

Position/Role

2. Title (*Mr, Mrs, Dr etc.*) Name

Organisation

Phone

Mobile

Email

Position/Role

3. Title (*Mr, Mrs, Dr etc.*) Name

Organisation

Phone

Mobile

Email

Position/Role



Proposed budget for this application

Please outline your proposal's total cost either in the table below or by attaching a similar table of your own.

Summary	Amount \$
A Request from Lotterywest	
B Your organisation's contribution	
C Other contributions <i>(please complete table below)</i>	
A + B + C = Total \$ cost of items	
D In kind contribution(s) estimated value	

Other contributor's name	Amount \$	Confirmed yes/no	Contact Details

Supporting material required by Lotterywest

In addition to your completed Application Form we require the following

- Your organisation's constituent documents
- A copy of your organisation's main operating account bank statement
- Annual report
Please Note: if your annual report is published to a website, please provide the URL address link here instead of attaching the document.

www.



Please forward your application and attachments to Lotterywest at:
PO Box 1113, Osborne Park,
Western Australia 6917
or deliver it in person to
74 Walters Drive Osborne Park,
Western Australia