

COMMUNITY INVESTMENT PROGRAM

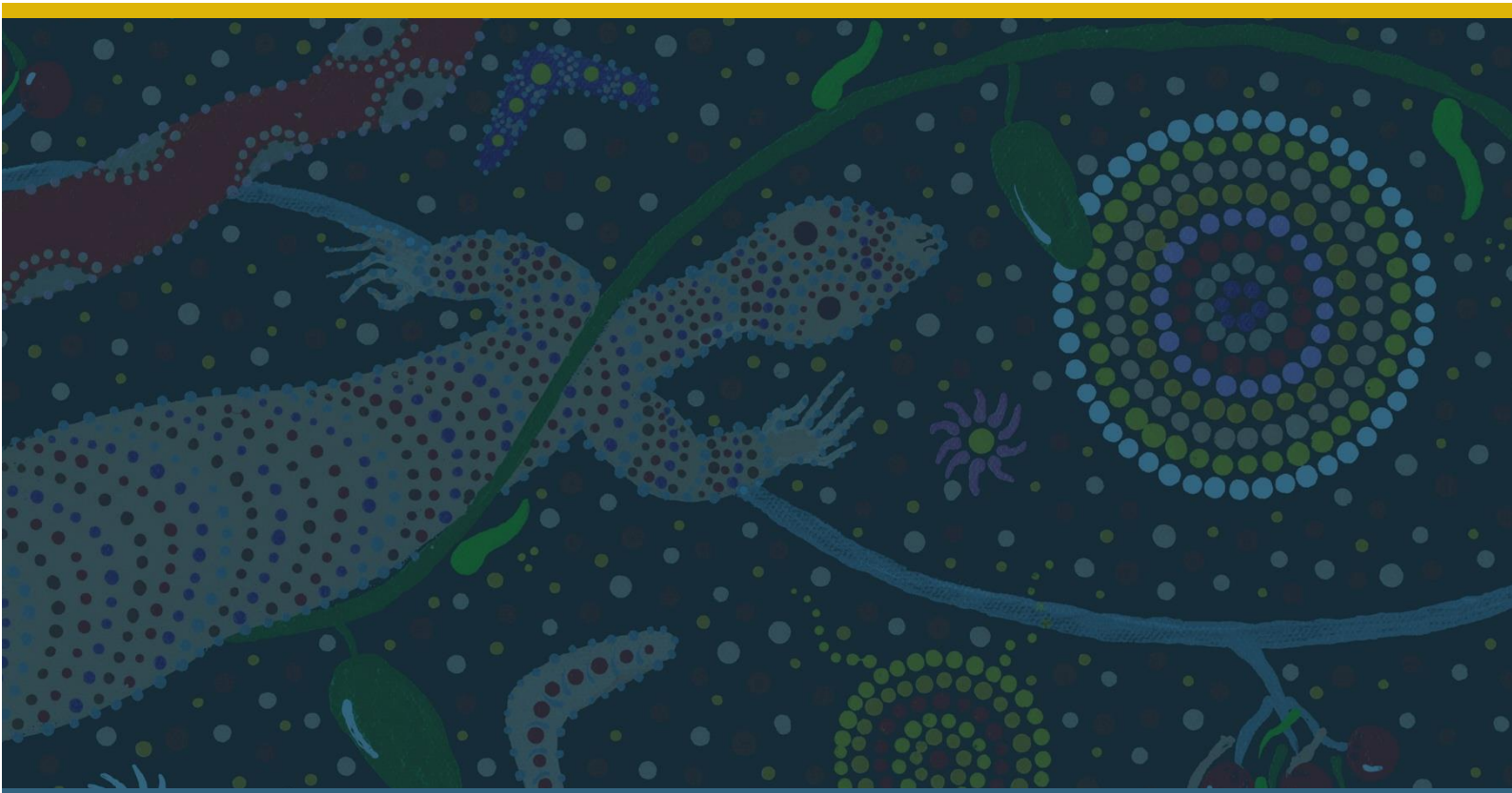
APPLICATION FORM

Funding Available: Up to \$5,000

Please ensure you have read KCGM's Community Investment Program Guidelines before completing and submitting your application.

To discuss your application, or for more information, contact:

External Relations, (08) 9022 1279, partnerships@nsr ltd.com



CONTACT DETAILS	
Full Name	
Position	
Primary Contact Number	
Email Address	
ORGANISATION DETAILS	
Organisation Name	
Address	
Postal Address <i>(If different business address)</i>	
ABN	
Website	
GST Registered?	Yes - <input type="checkbox"/> No - <input type="checkbox"/>
Please tell us about your organisation:	
Is your organisation incorporated?	Yes - <input type="checkbox"/> No - <input type="checkbox"/> If no, please complete the Auspice Organisation details below.
AUSPICE ORGANISATION DETAILS	
Organisation Name	
Contact Person	
Position	
Contact Number	
Email Address	
ABN	
GST Registered?	Yes - <input type="checkbox"/> No - <input type="checkbox"/>

PROJECT OVERVIEW		
Project Name		
Project Location		
Key Dates	1. Project Commencement:	
	2. Project Planning:	
	3. Promotion:	
	4. Delivery:	
	5. Project Conclusion:	
Please provide an overview of your project		
Which community members or groups will benefit from your Project:	Children (ages 0-12)	<input type="checkbox"/>
	Young people (ages 12 – 25)	<input type="checkbox"/>
	Families	<input type="checkbox"/>
	Aboriginal and Torres Strait Islander people	<input type="checkbox"/>
	Kalgoorlie-Boulder residents	<input type="checkbox"/>
	Visitors to Kalgoorlie-Boulder	<input type="checkbox"/>
	Other	<input type="checkbox"/> - Please describe:
Community Investment Category	Education and Training	<input type="checkbox"/>
	Health and Wellbeing	<input type="checkbox"/>
	Community Development and Culture	<input type="checkbox"/>
	Environment	<input type="checkbox"/>
How does your project fit within this Category? <i>(See the Community Investment Guidelines)</i>		
What is your project trying to achieve? Please describe.	Objective One:	
	Objective Two:	
	Objective Three:	

PROJECT MANAGEMENT AND ANTICIPATED REACH	
Who is involved in managing the project? <i>Names and Roles</i>	
Project Partners <i>Other Community Organisations involved in the Project.</i>	
Anticipated number of Project Volunteers	
Anticipated number of Project Participants <i>(For example: audience members, attendees, workshop participants)</i>	

PROJECT FUNDING	
Please list any other additional funding sources for this Project	
Has your organisation received funding through KCGM's Community Investment Program before?	Yes - <input type="checkbox"/> No - <input type="checkbox"/>
If yes, please provide details of project, dates, and funding amount	
How will KCGM's support be acknowledged?	Media Releases and Engagement <input type="checkbox"/>
	KCGM logo on promotional material <input type="checkbox"/>
	Verbal or written acknowledgement <input type="checkbox"/>
	Social Media Posts <input type="checkbox"/>
	Other <input type="checkbox"/> - Please describe:

BUDGET		
Amount of funding requested from KCGM (Up to \$5,000)		
PROJECT INCOME		
KCGM Community Grant:		
Applicant Contribution		
Cash:		
In-Kind:		
Other grants or sponsorships:		
Other income:		
Describe income source: <i>(Example: Fees, Ticket Sales)</i>		
TOTAL INCOME		
PROJECT EXPENDITURE	KCGM GRANT	OTHER FUNDING
TOTAL EXPENDITURE		

DUE DILLIGENCE

The following questions are included to help KCGM understand your organisation's affiliation (if any) with Government organisations or regulatory bodies.

This does not preclude you from receiving funding through KCGM's Community Investment Program, but it does help KCGM to mitigate any perceived conflicts of interest or potential instances of corruption.

Is your organisation any of the following:

- A. Local, State or Federal Government Organisation
- B. Affiliated with a Government or Regulatory body
- C. A recipient of Government funding

Yes - No -

If yes, please describe:

Does your organisation's Management Team or Board have any representatives from the City of Kalgoorlie-Boulder Council, State, or Federal Government agencies?

Yes - No -

If yes, please describe:

DECLARATION

I declare that the details provided in this application, to the best of my knowledge, is true and correct. I acknowledge that by applying for accepting KCGM support, I agree to abide by the Recipient Responsibilities outlined in KCGM's Community Investment Program Guidelines.

I agree that on approval of my application, the information provided in this application will form the terms and conditions of support, and will stand as a formal agreement between KCGM and the recipient organisation.

Authorised Representative Name

Position

Signature

Date

1. ATTACHMENTS

Please attach any documents that may support your application.

Attachments may include:

- Letters of Support
- Photographs or video evidence of previous projects delivered by your organisation
- Testimonials from community members, participants and partners

2. SUBMITTING YOUR APPLICATION

Please sign and submit this application form, including any relevant documentation, to:

partnerships@nsrltd.com

3. RECIPIENT RESPONSIBILITIES

KCGM views all funding as a partnership, and will support successful recipients to achieve their project goals and objectives.

In turn, recipients must work with KCGM to fulfil their obligations by:

- Returning all paperwork and requested documentation within the required timeframes.
- Using the funding provided for the purpose it is granted.
- Acknowledging KCGM's support in project promotions, community engagement and external communications.
- Providing KCGM with regular updates on the status of the project.
- Evaluating the success of the project through completing KCGM's Project Evaluation Form within 60 days of the project concluding. This is available on KCGM's website.