Charity Brunch Community Grant



APPLICATION	
Personal Details	
Your name:	Email address:
Postal address:	
Mobile phone:	Day time contact number:
Date of Birth:	Occupation:
Contact details for the primary contact of the project if not as	outlined above.
Name:	Email address:
Company and ABN (where applicable): Postal address:	
	Day time contact number:
Mobile phone: Date of Birth:	Day time contact number:
Date of Birtii.	Occupation:
If you are not the primary person responsible for this project, delivering the project:	please explain what your role will be in
PROJECT What is the title of your project? Please provide a summary of your project idea (Tell us your sto	ory).):
,	
Is this a new or existing project? (If the project is existing, plea commenced and what has occurred to date, including assisted	

What is the full cost of delivering the project and please provide an itemised budget.

Please state clearly the source of the funding for the project e.g. in-kind, RAS Charity Brunch and/or other.

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What is your timeline for delivery of the project? (i.e. what steps are involved)	
How will this project support the crucial areas of the rural or regional community? I.e. Civic Infrastructure, Family Resilience, etc.	
How does this impact your local Agricultural Industry?	
How will you know and/or measure the success of your project?	
Please advise any risks associated with the project?	
If you are unsuccessful with this grant application, what will happen to your project?	
Is there any other information we should know about your project?	

OPTIONAL: If possible, submission of video footage, no longer than one (1) minute will assist in providing a clearer view of the passion for the project.