

## COMMUNITY FUND APPLICATION FORM

CONTACT DETAILS		
Organisation name Please provide your organisation's full name (if applica	ble)	
Primary contact person		
Title First name	Last name	
Position held in organisation		
Applicant address		
Address line 1		
Address line 2		
Suburb/Town	State	Post Code
Contact number	ABN/ACN number	
Contact email address*		
Do you have a current Certificate of Currency for a minimum	of \$10m Public Liability Insuranc	e?*
Yes No *Please include a copy of the certificate with the application	ation form.	
PROJECT DETAILS		
Project title		
Please outline what you intend to do with the funding		
How does your intended use align with the objectives of the	scheme?	

PROJECT DETAILS
How will this funding help you to undertake your project?
What are the expected outcomes/benefits of the project and how will they be measured and reported?
Will the project outcomes/benefits continue beyond the project?
Please provide further details.
BUDGET
Total amount requested (exc GST) \$ Please outline how you have calculated the amount requested.
Item description Total cost (exc GST) Notes
Please provide further details (if required)
Please provide further details (if required)

ABOUT YOU AND/OR YOUR ORGANISATION
Please provide an overview of you and/or your organisation (eg. history, purpose, achievements)
Outline the capacity of your organisation to undertake the project
Please explain how retired thoroughbred or standardbred horses are currently incorporated in your organisation
Are you likely to increase the number of Off the Track horses in your organisation if you receive funding?
I agree to register any retired standardbred or thoroughbed racehorse in my organisation for an Off the Track WA
Passport if my application is successful and a passport is not currently held. (Off the Track WA can assist if required).
☐ Yes ☐ No
LETTERS/EVIDENCE OF SUPPORT
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DECLARATION  DECLARATION  Signed  Name  Date
LETTERS/EVIDENCE OF SUPPORT  Please include any evidence or letters of support for your project (if required)  DECLARATION  Signed  Name  Date  Checklist
DECLARATION  DECLARATION  Signed  Name  Date

Please email completed form and attachments to animalwelfare@rwwa.com.au by 4 pm Friday 31 March