

GORCC Coastal Grants Application Form 2016

Applications Close 5pm close Friday 23 February 2018

Please email or scan and email to info@gorcc.com.au or drop off to 35 Bell Street, Torquay.

Project title:	
Project description (Overview - 50 words or less):	
Name of club, group or organisation:	
Contact name:	
Phone number:	
Email address:	
Postal address:	
Suburb:	
Postcode:	
Is your group an incorporated group or legal entity? Yes / No	
Is your group an incorporated group or legal entity? Yes / No	
If yes, please provide your incorporation number:	
Is your group registered for GST? -Yes / No	
If yes, please provide your ABN:	
Is there an auspice organisation managing the project?-Yes / No	

<p>Is there an auspice organisation managing the project?-Yes / No</p>	
<p>If yes, please provide the name of auspice organisation:</p>	
<p>Postal address of auspice organisation:</p>	
<p>Does your group have public liability insurance? – a copy may be required depending on type of project</p>	
<p>Project objective/s (please list):</p>	
<p>In 300 words or less, please outline how your project meets the specific key selection criteria</p>	

<p>Location of project (please provide specific details if possible – a map of the GORCC managed land is available on our website.</p>	
<p>Please provide a basic timeline of your project/event including an estimated start date, completion date and major phases:</p>	
<p>How will you promote and communicate to others about your project?</p>	
<p>How will you measure the success of your project? Briefly outline your planned methods of evaluation:</p>	

<p>How does your project involve and educate the broader community? Please list the project partners, collaborators, participants etc.</p>	
<p>Will the funding go towards the overall project, or a specific element of the project? Please describe:</p>	
<p>Project budget – please attach a budget</p>	

Referee 1: Name:	
Title/Position:	
Organisation:	
Phone Number:	
Email:	
Address:	
Address:-Street Address	
Address:-Street Address Line 2	
Address:-City	
Address:-Region	
Address:-Postal / Zip Code	
Address:-Country	
Referee 2: Name:	
Title/Position:	
Organisation:	
Phone Number:	
Email:	
Address:	
Address:-Street Address	
Address:-Street Address Line 2	
Address:-City	
Address:-Region	
Address:-Postal / Zip Code	
Address:-Country	
Terms of Service-I agree to the terms and conditions (please sign)	