



KWT Community Grant Application

Email your application to: admin@kwtfund.org.au

APPLICANT NAME:

CONTACT NUMBER:

EMAIL:

COMMUNITY GROUP:

DGRTCC STATUS:

ABN:

PROJECT START DATE:

PROJECT LOCATION:

GRANT AMOUNT:

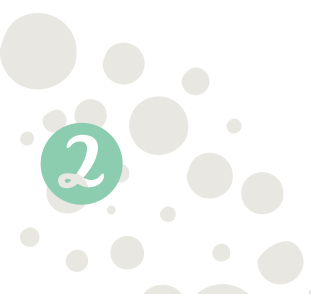
DATE:

Tell us about your community project? (250 words)

What community issue will this project address and why?
(200 words)

How is this project different from other community focused programs / projects? (200 words)

What is the expected outcome from this project? (150 words)



Budget - Total Project funds

Funding from KWT (amount you are seeking).	\$
Funding from other sources (amount you have received).	\$
Funding from other sources (amount you have received).	\$
In-Kind Support or Your Contribution.	\$
Total Project Funding.	\$

Budget -KWT funds allocation

If you need more space, please attached another page with the table.

Item (ie: health promotion)	Allocated budget (ie: \$700)	
		Total Budget:
		\$