KWT Community Grant Application

APPLICANT NAME:

CONTACT NUMBER: EMAIL:

COMMUNITY GROUP:

DGRTCC STATUS: ABN:

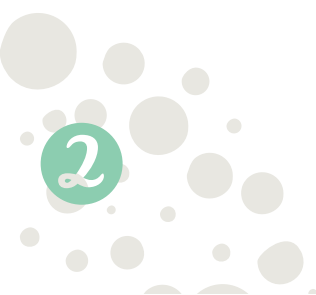PROJECT START DATE:

PORJECT 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)

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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:

$

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