



NSW GOLF FOUNDATION

APPLICATION FOR GRANT FOR GOLF CLUB, DISTRICT OR SUPPORTING ORGANISATION

(version: 2017)

Please complete all sections of the form below, and return via one of the methods indicated at the end of the application. Please ensure that this application is signed in the spaces provided by an Office Bearer and Secretary Manager / CEO of the Club or organisation submitting the application. This Application Form must be used in conjunction with the NSW Golf Foundation "Guidelines for Applications", dated 2017.

ORGANISATION DETAILS

Name							
Address						Postcode	
Phone (1)			Phone (2)				
Email							
Affiliated to Club, District, Golfing Organisation (if different from above)							
Total Membership:							
No. of Female Members		No. of Male Members		No. of Junior Girl Members		No. of Junior Boy Members	

THE FOUNDATION

What prompted this club/organisation to contact the NSW Golf Foundation?

Please list any previous application which this club/organisation has made to the NSW Golf Foundation. Please include purpose of Application, date and amount of any Grant received (if a Grant was applied for but rejected, please write "none" against the Amount).

	Date		Amount	
	Date		Amount	
	Date		Amount	

ORGANISATION DETAILS

Please provide all details of the organisation and how the funding is proposed to be utilised.

OBJECTIVES

How will the Organisation promote the aims of the NSW Golf Foundation as stated in the Grant Guidelines (dated 1st June, 2015)?

PROJECT TARGET GROUPS (please tick where applicable)

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Disabled / Disadvantaged	<input type="checkbox"/>	Indigenous
<input type="checkbox"/>	Under 12 years	<input type="checkbox"/>	12-18 years	<input type="checkbox"/>	19-40 years	<input type="checkbox"/>	40+ years
<input type="checkbox"/>	Beginners	<input type="checkbox"/>	High Handicappers	<input type="checkbox"/>	Medium Handicappers	<input type="checkbox"/>	Low Handicappers

COLLABORATION & ACKNOWLEDGEMENT

Please indicate the types of collaboration and any formal links planned with other organisations / media.

Please indicate how you will acknowledge and promote the NSW Golf Foundation through your participation in the event/activity. Please note that, where funding has also been obtained from other organisations, it is required that the NSW Golf Foundation will be given an appropriate level of recognition.

BUDGET

Please list all items of income and expenditure for the proposed project, including contributions proposed from the Club or Organisation itself, contributions from fund raising activities, and contributions from Commonwealth / State / Local Governments,

INCOME

Contribution approved by the Board from the Club's or Organisation's own funds	\$
Contribution from Fund Raising Activities: (Please specify, and indicate whether such activities are proposed or have been completed):	\$
Contribution from other sources (as outlined above) Please specify, giving name of donor, whether an application has been approved, and amount:	\$

TOTAL INCOME	\$
TOTAL GRANT REQUESTED FROM THE NSW GOLF FOUNDATION	\$

APPLICANT'S UNDERTAKING

ON BEHALF OF THE ABOVE CLUB/ORGANISATION, I HEREBY UNDERTAKE THAT:

- All information supplied in this Application is accurate, to the best of my knowledge.
- I have read the NSW Golf Foundation Guidelines, (version 2017), and agree to its terms.
- I agree to ensure compliance with the NSW Golf Foundation Guidelines regarding visibility, acknowledgement and promotion of the Foundation on any printed materials, press items, signage and during any public addresses which may be given on behalf of this Club/Organisation.
- The abovementioned Club / Organisation will provide a Biannual Report (with photographs if possible) to the NSW Golf Foundation On how the funds have been spent.
- The Board of this Club/Organisation is aware of and supports this project as an initiative of the Club itself and has read, and agrees to, the Conditions of this Grant.

Office Bearer's Name		Signature		Date	
General Manager/CEO Name		Signature		Date	

Please return Application to:



Mail to:
NSW Golf Foundation
PO Box 195, Arncliffe, NSW, 2205



Deliver in person to:
Golf NSW
1A Duncan St, Arncliffe, NSW



Email to:
Wynter Hines
wynter.hines@golfnsw.org



Fax to:
NSW Golf Foundation
(02) 9505 9199

Please direct all enquiries to Wynter Hines

Phone: (02) 9505 9105 Email: wynter.hines@golfnsw.org or go to:
<http://www.golfnsw.org/default.aspx?s=NSW-Golf-Foundation>

HELPFUL HINTS – provide supporting documents with your application

- Include photos
- Obtain quotes
- Provide tax invoices or professional recommendations
- Be sure to include what the club has done to raise funds in the past