|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community Led Initiative Program**  **Financial Support Request 2019-2020** | | | | |  |
| Prior to commencing this application please phone the Town on 9339 9342 (or email [events@eastfremantle.wa.gov.au](mailto:events@eastfremantle.wa.gov.au) for a call back) to discuss your proposal. | | | | | |
| **Application Details** | | | | | |
| **Project/Event Name** | |  | | | |
| **Proposed Location** | |  | | | |
| **Proposed Date/Time** | |  | | | |
| **Applicant Name** | |  | | | |
| **Applicant Address** | |  | | | |
| **Applicant Phone** | |  | | | |
| **Applicant Email** | |  | | | |
| **Applicant Address** | |  | | | |
| **Description** – *please briefly describe your project / event in up to 25 words.* | |  | | | |
| **Proposed Expenditure** | | | | | |
|  | **Estimated number of adult participants** *($10 each)* | | | | |
|  | **Estimated number of child participants** *($10 each)* | | | | |
| $ | **Total Funding Request** *(up to $500)* | | | | |
| ***Cash Cost*** | ***Item/s to be purchased with funding*** | | | | |
| $ |  | | | | |
| $ |  | | | | |
| $ |  | | | | |
| $ |  | | | | |
| **Bank Details for EFT** | | | | | |
| **Name of Account** | |  | | | |
| **Name of Bank** | |  | | | |
| **BSB//Account Number** | |  | **//** |  | |

The Town appreciates your interest in connecting the community and will be in touch with you within three working days of receipt of your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Creditor Details** | | | |
| **New creditor** | YES ⬜ NO ⬜ |  | |
| **Received via** | **Community Led Initiatives Request** | | |
| **Contacted via phone** |  | | |
| **Details verified** |  | | |
| **Contact made with** |  | | |
| **Synergy updated** |  | **Signature** |  |
| **MFA review** |  | **Signature** |  |
| **EMCS approval** |  | **Signature** |  |
| **Creditor number** |  | | |
| **Date changed** |  | | |

*Office Use Only* **CLIP APPLICATION TRACKING**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | | |
| Confirmation of Receipt | |  | *2 working days from application* |

***ELIGIBILITY CHECK / OFFICER COMMENTS***

|  |  |  |
| --- | --- | --- |
| Location |  | *must be located within the Town on public property* |
| Applicant |  | *must be an East Fremantle community member* |
| Resident benefit |  | *recreational / social / cultural* |

|  |  |  |
| --- | --- | --- |
| Notes / Additional Information |  | *additional information requested or advised “OK” + 5 working days* |
|  |
|  |
| Submitted to Executive |  | *allow 5 working days* |
| Executive Approval |  | *allow 3 working days* |
| Verbal Approval |  | *call Applicant to advise outcome* |
| Written Approval |  |  |
| Request for Payment |  | *submitted internally* |