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| --- | --- |
| **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 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.

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| **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* |