Applicants must ensure their project takes place after the funding round closes, so that, if deemed eligible, funding can be provided prior to the project's commencement.

Please email to commdev@nedlands.wa.gov.au. Applicants are required to complete this application form themselves.

Is the applicant completing this form? ☐ Yes ☐ No
Have you received a grant from this fund before? ☐ Yes ☐ No
If yes, when was the grant received? _____
Applicants are not eligible for a grant if you have received funding from the City of Nedlands Youth Grant Program in the last 24 months.

Applicant details

Name _____

Street address _____

Email _____

Telephone _____

Mobile _____

Date of birth _____ Age _____

Project information

Title of project _____

Organisation or group you are part of _____

Organisation or group running the project _____

Where is the project being held? _____

Project timeline

Commencement date _____
Completion date _____
Other important dates _____

Please provide a detailed description of the project.

How will this project allow you to be involved with and give back to your local community?

How does this project aligns with the City of Nedlands Community Strategies (Reconciliation Action Plan, Disability Access and Inclusion Plan, Volunteering and Arts):

What fundraising activities are being undertaking to contribute to the project?

Additional information (other achievements or special circumstances)

Publicity

How will you be promoting the project to the community?

_____

_____

_____

How will you acknowledge the support of the City of Nedlands for your project or activity?

_____

_____

Budget

Income Sponsorship, own contribution, other funding Applicants are required to provide matching funds equivalent to the amount requested from the City	**Amount**
City of Nedlands Youth Grant	$250
Total	

Expenditure Airfares, accommodation, food, ground travel, other expenditures Grant funding cannot be used for capital purchases, and all expenditure must be supported by tax invoices at the time of acquittal; bank transfer receipts will not be accepted.	**Amount**
Total	

Declaration
I declare that the information on this form is correct.

Name of young person _____

Signature _____

Date _____

If the applicant is under the age of 18, please complete the following section:
I declare that the information provided in this application is correct and support this application.

Name of parent or guardian _____

Address _____

Email address and phone _____

Signature _____

Date _____