

CYPWRI Request for assistance - Large grants

Form Preview

Children and Young People Wellbeing Recovery Initiative - Large grants

* indicates a required field

Instructions

To request assistance in preparing an application for the *Children and Young People Wellbeing Recovery Initiative - Large grants* please complete this request for assistance form. Once submitted, an Office for Regional Youth staff member will be in contact with you within 3 working days.

Organisation type: *

Organisation Name *

Organisation Name

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Organisation Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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Organisation Street Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Organisation Phone Number *

Must be an Australian phone number.

Organisation Email *

Must be an email address.

Organisation Contact Person *

Title First Name Last Name

Organisation Contact Position *

Is the person delivering the project different from the project contact listed above? *

- Yes
 No

Project Contact Details

Details of the person who is overseeing the delivery of the project if different to above.

Project Contact Person

Title First Name Last Name

Position of Project Contact

Phone number of Project Contact

Email of Project Contact

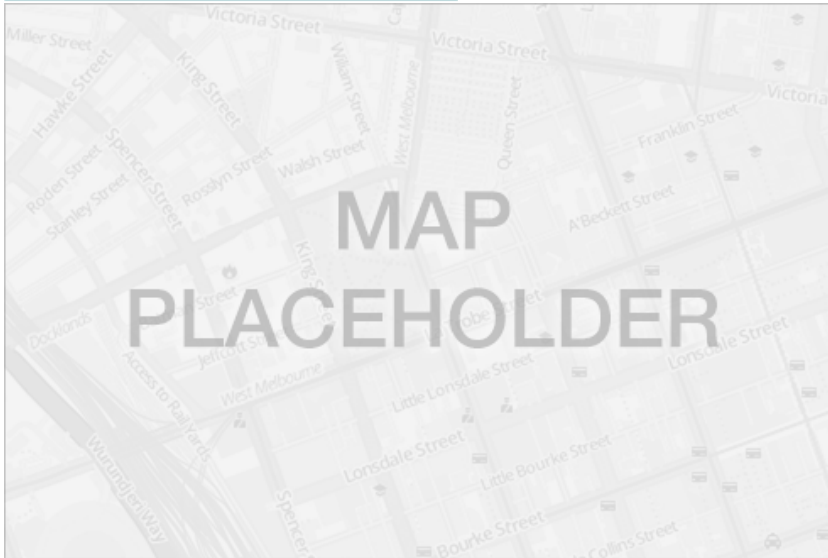
Project Location

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Project location *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

If multiple locations - please upload a register of project locations

Attach a file:

Please include project name, location and funding allocated for each in the information

Please select your LGA *

See drop down list for eligibility.

Please select your state electorate *

Project Information

* indicates a required field

Project Title *

Project Description *

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Word count:

Provide a short description (200 words or so) of your project - what are you going to do and who will be involved?

Proposed budget amount required *

Must be a dollar amount.

Has this project previously received funding from either NSW Government or Commonwealth funding programs?

- Yes
 No

If selected Yes, provide details of funding which has already been secured from other sources, including other NSW Government and Commonwealth programs? *

Must be no more than 300 words.

Please outline details of the funding which has been received including both the source and amount of funding.

If your request for assistance progresses to application stage, do you give the Office for Regional Youth permission to gain user access to submit your application on your behalf? *

- Yes
 No

This is required

Submission

* indicates a required field

I confirm on behalf of the organisation the submitted information is accurate and correct.

Organisation Name

Name of the Organisation applying for funding.

Name *

Title First Name Last Name

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Position in Organisation

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Date

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Must be a date.