**Wyndham Community Cultural Foundation Ltd**

**APPLICATION FORM - Collaborative Projects**

The Wyndham Community Cultural Foundation provides support to selected collaborative projects. A collaborative project is a project that the Foundation undertakes in partnership with another organization to deliver an event or project for the encouragement and ongoing development of arts and culture in the Wyndham community.

*Please read the guidelines before making an application.*

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name of applicant** |  |
| **Street Address** |  |
| **Postal Address** |  |
| **Phone** **(BH)** |  |
| **Phone (AH/ Mobile)** |  |
| **Email** |  |
| **Fax** |  |
| **Website** |  |

**What is the legal status of the organization?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Incorporated Association |  | Registered for GST |
|  | Company limited by guarantee |  | Not registered for GST |
|  | Other (specify below) | ABN |  |
|  | |

**Public Liability Insurance**

You will be required to indemnify WCCF Ltd for any possible public liability in connection with the organization and presentation of the project.

|  |  |
| --- | --- |
|  | ***We undertake to provide this cover should this application be successful*** |

**What previous assistance have you received from the Foundation?**

|  |
| --- |
|  |

**Please state the name of any other organization who may also be involved in the project (if any).**

|  |
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|  |

**PROJECT DETAILS**

|  |  |
| --- | --- |
| **Project Title** |  |
| **Total amount**  **requested from WCCF** |  |
| **Project Start Date** |  |
| **Project End Date** |  |

**Please give a brief project/program description**

|  |
| --- |
|  |

**Please outline how the project will benefit the local community?**

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| --- |
|  |

**How will the local and wider community be informed of the project?**

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| --- |
|  |

**How will the project fulfil the Foundation’s aims of promoting, enhancing and developing the arts in Wyndham?**

|  |
| --- |
|  |

**PROJECT/ACTIVITY BUDGET & COSTS**

* *Please indicate which costs will be met using WCCF funds.*
* *Your income and costs should equal.*
* *In-kind contributions should be noted as both income and costs.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income** | **$** | **Costs** | **$** | **WCCF** |
| *Grants/Partnerships*  *Indicate Confirmed (C)/ Non-Confirmed (NC)* |  | *Employment Costs* |  |  |
| WCCF (NC) |  | Artist Fees/Wages |  |  |
| Wyndham City Council |  | Other Fees/ Wages |  |  |
|  |  | On-costs |  |  |
|  |  |  |  |  |
|  |  | *Administration Costs* |  |  |
|  |  | Operating Costs |  |  |
| *Applicant Cash Contributions* |  | Utilities |  |  |
|  |  | Postage, Stationery & Printing |  |  |
|  |  | Office/site facilities |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *Applicant In-kind Contribution* |  | *Project Costs* |  |  |
| In-kind labor |  | Venue Hire |  |  |
| In-kind resources |  | Insurance |  |  |
| Other in-kind |  | Transport |  |  |
|  |  | Tools & Equipment |  |  |
|  |  | Equipment & Services Hire |  |  |
|  |  | Publicity/Advertising |  |  |
|  |  | Materials |  |  |
| *Other cash contributions* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | *In-kind Costs* |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *Project income* |  |  |  |  |
| Ticket Sales |  |  |  |  |
| Participants Fees |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL INCOME** |  | **TOTAL COSTS** |  |  |

**APPLICATION CHECKLIST**

*Before lodging your form, have you:*

|  |  |
| --- | --- |
|  | Reviewed the program guidelines provided for the WCCF Collaborative Projects |
|  | Fully completed the application |
|  | Attached a copy of any relevant certificates  *For example - incorporation certificate, public liability insurance* |
|  | Checked your application is signed |

**DECLARATION:**

* This application is made in good faith and the conditions of application have been read and understood
* All of the information I have provided is true and correct
* I am an authorized representative of the organization
* I understand that this is an application only and may not necessarily result in funding approval

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signed** |  |
| **Date** |  |

**Submit completed applications to:**

Wyndham Community Cultural Foundation

PO Box 439

Werribee VIC 3030

[wyndhamccf@gmail.com](mailto:wyndhamccf@gmail.com)

0438 831 921

**Application deadline:** 31 October 2017

**No late applications will be accepted**