**Grant application form**

Project funding to support collaborative service planning activities

✓ Applicants must read the ‘Grant application guidelines’ prior to completing this application form.

**APPLICANT DETAILS**

|  |
| --- |
| RLAF/LAF |
| Name of RLAF/LAF |  |
| Name of lead organisation\*  |  |
| Address of lead organisation |  |
| Phone |  | Email |  |
| ABN |  | Website |  |

\* Name of lead organisation applying on behalf of RLAF/LAF

|  |
| --- |
| Key contact |
| Contact name |  |
| Contact position |  |
| Phone |  | Email |  |

**MANDATORY EVALUATION CRITERIA**

Please indicate below (by ticking the boxes, as appropriate) whether your LAF meets the mandatory selection requirements.

[ ]  The lead organisation applying on behalf the LAF must be a member of one of Queensland’s RLAFs or specialist LAFs.

[ ]  The lead organisation has completed all sections of this application form.

**GRANT REQUEST**

1. **Title of the project**

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1. **Please provide a description of the project which includes:**
	1. **the audience/client priority groups; and**
	2. **the identified need for the project.** (One page maximum. Arial font, Size 11)

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**COLLABORATION AND CONSULTATION**

1. **Please provide the following information:**
	1. **The name of your project partner/s**
	2. **How the LAF will collaborate with other legal assistance and community-based service partners to deliver this project (please attach letters of support)**

(One page maximum. Arial font, Size 11)

**PROJECT GRANT DETAILS**

1. **Project grant requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (amount requested must exclude GST)**

**Is the lead organisation registered for GST? Yes [ ]  No [ ]**

**Will any of the organisations comprising the LAF contribute extra funding to the project budget? Yes [ ]  No [ ]**

*(If yes, give details)*

**PROPOSED PROJECT BUDGET**

1. **Please complete the table below with the following information:**

**✓ Column A: an itemised budget for the project (GST exclusive)**

**✓ Column B: an itemised estimate of in-kind expenditure your organisation will attribute to this project\*** \*Please note that the Department of Justice and Attorney-General will not provide funding for in-kind expenditure incurred by your project.

|  |  |  |
| --- | --- | --- |
| Description of project expenditure  | Column A: Project budget ($) | Column B:In-kind expenditure ($)  |
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| **Project balance\*\***  | **$** | **$** |

\*\*Note: The project balance can exceed $10,000, however the maximum grant amount is $10,000 (excl.GST)

**EXPECTED PROJECT OUTCOMES**

1. **Please outline your expected project outcomes**: (Half a page maximum. Arial font, Size 11)

**DECLARATION**

I state that the information in this grant application is to the best of my knowledge true and correct and I have the authority to submit this application on behalf of the RLAF/LAF.

Signature of duly

authorised officer

Date

Printed name

Lead organisation