



## GRANT APPLICATION

The Pop Up Book Stall (PUBS) provides a limited number of grants to assist community organisations and activities that support health and wellbeing within the Glamorgan Spring Bay area.

**If you meet the following guidelines you are able to apply for a grant from PUBS.**

The activity or service which forms the basis of your application must:

- Provide services and facilities that strengthen community health and wellbeing
- Be based within the Glamorgan Spring Bay Municipality
- Be initiated within the community and actively involve local people.
- Address relevant community needs or issues
- Be of benefit to the wider community rather than the group/organisation making the application
- Provide value for money based on how many people will benefit from the service / activity
- Not duplicate other locally available services / activities
- Comply with recognised Australian Standards and must observe any relevant federal, state or local government regulations or guidelines

*In addition:*

- Any previous monies received from PUBS must have been fully acquitted
- Any grants made by PUBS must only to be used for the service / activity specified in your application
- Unused grant funds must be reimbursed to PUBS
- The amount of any grant is at the discretion of the PUBS Committee
- ***We request that all information pertaining to your application must accompany the grant form itself, and the application must be "self-contained". We will not consider information provided in a cover email.***
- You will be required to notify PUBS of completion of project, advise how grant has been acknowledged and to acquit any donation.
- ***Applications should be submitted by the 1<sup>st</sup> of the month.***

The *Evaluation Form* indicating PUBS' criteria for reviewing grant applications is included for information only.

If you have any questions regarding PUBS donations you can contact:

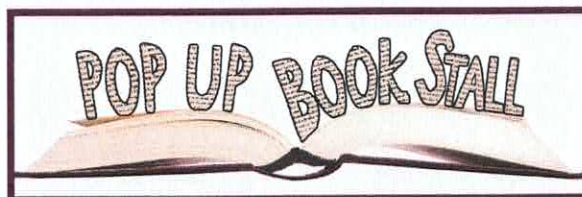
- Stephen Ward                      0417 804 203
- Maryjean Wilson                  0439 396 566

Applications may be lodged by email at [popupbookstall@hotmail.com](mailto:popupbookstall@hotmail.com) or by handing your form to one of the above committee members.

All applicants will be notified by email of the result of their application.

We look forward to receiving your application.

***P.U.B.S. Committee***



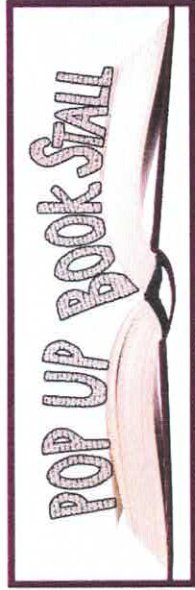
## Pop Up Book Stall (PUBS)

ABN: 87 150 389 178

### GRANT APPLICATION

|                                                                                                                    |                                                    |                        |                             |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------|-----------------------------|
| <b>Group / Organisation:</b>                                                                                       |                                                    |                        |                             |
| <b>Contact Details:</b>                                                                                            | <b>Name</b>                                        |                        |                             |
|                                                                                                                    | <b>Address:</b>                                    |                        |                             |
|                                                                                                                    | <b>Postal Address:</b>                             |                        |                             |
|                                                                                                                    | <b>Contact Number:</b>                             |                        |                             |
|                                                                                                                    | <b>Email:</b>                                      |                        |                             |
| <b>Description of Service, Event or Activity:</b>                                                                  |                                                    |                        |                             |
| <i>All requests <b>must</b> be accompanied by relevant information to support your need and associated quotes.</i> |                                                    |                        |                             |
| <b>Total Cost of Project:</b>                                                                                      | \$                                                 |                        |                             |
| <b>Funding from Other Sources</b>                                                                                  | \$ <small>*please name sources and amounts</small> |                        |                             |
|                                                                                                                    | \$                                                 |                        |                             |
| <b>Own Funding</b>                                                                                                 | \$                                                 |                        |                             |
| <b>FUNDING REQUESTED:</b>                                                                                          | \$                                                 |                        |                             |
| <b>Payment Details:</b>                                                                                            | <b>BSB:</b>                                        | <b>Account number:</b> |                             |
|                                                                                                                    | <b>Account Name:</b>                               |                        |                             |
| <b>PUBS USE ONLY</b>                                                                                               |                                                    |                        |                             |
| <b>Date Application Received:</b>                                                                                  | / /                                                |                        |                             |
| <b>Supporting Documentation:</b>                                                                                   | Yes / No                                           |                        |                             |
| <b>Application Approved:</b>                                                                                       | Yes / No                                           | on / /                 | <b>Notified:</b> / /        |
| <b>Payment:</b>                                                                                                    | \$                                                 | on / /                 | <b>EFT / CHQ</b>            |
| <b>Acquittal:</b>                                                                                                  | \$                                                 | on / /                 | <b>Fully Acquitted: Y/N</b> |
| <b>Comments:</b>                                                                                                   |                                                    |                        |                             |





| GRANT EVALUATION                                                         |  |                             |                                            |
|--------------------------------------------------------------------------|--|-----------------------------|--------------------------------------------|
| Group / Organisation:                                                    |  | Service, Event or Activity: |                                            |
| Amount Requested:                                                        |  | Date received:              |                                            |
| Meeting Date:                                                            |  | Decision:                   | Approved / Not Approved / Deferred Amount: |
| Conditions:                                                              |  |                             |                                            |
| GUIDELINES                                                               |  |                             |                                            |
| Does it strengthen community health and wellbeing                        |  | Yes / No / NA / Unknown     |                                            |
| Is this request for the full amount                                      |  | Yes / No / NA / Unknown     |                                            |
| Does the application have quotes attached                                |  | Yes / No / NA / Unknown     |                                            |
| Does the organisation have the ability to raise the difference           |  | Yes / No / NA / Unknown     |                                            |
| Is the project/activity based within the Municipality                    |  | Yes / No / NA / Unknown     |                                            |
| Is this initiated within the community and actively involve local people |  | Yes / No / NA / Unknown     |                                            |
| Does it address relevant community needs or issues                       |  | Yes / No / NA / Unknown     |                                            |
| Does it benefit the wider community, not just the group/organisation     |  | Yes / No / NA / Unknown     |                                            |
| Is it value for money based on how many people will benefit              |  | Yes / No / NA / Unknown     |                                            |
| Does it duplicate other locally available services / activities          |  | Yes / No / NA / Unknown     |                                            |
| Is the application from a not-for-profit or volunteer organisation       |  | Yes / No / NA / Unknown     |                                            |
| Have previous donations from PUBS been fully acquired                    |  | Yes / No / NA / Unknown     |                                            |