

SECTION 2 – Application form

AgShows NSW Group Innovation Program

APPLICATION FORM

PART 1 - GENERAL INFORMATION	
Name of Group applying:	
Postal Address:	Post Code:
Email Address:	
Contact Person 1:	Position:
Phone Number (Daytime):	Email:
Contact Person 2:	Position:
Phone Number (Daytime):	Email:
	\$} This should be the same as \$} the amount in the project.

PART 2 - PROJECT INFORMATION

Please read Advice for Preparing an Application Form

۹)	DESCRIPTION OF THE PROJECT (What is the project)?
B)	AIMS/OBJECTIVES OF THE PROJECT (What will the project do)? Provide in dot points.
٥,	CDECIFIC NEED (C THAT THE DDOLECT ADDDECCES
C)	SPECIFIC NEED/S THAT THE PROJECT ADDRESSES

D)	Societies/Group/State)?			
E)	GROUP INVOLVEMENT (DIRECTLY & INDIRECTLY) IN THE PROJECT (How will you get people involved)?			
F)	OUTLINE OF THE PROJECT TIMELINE (When will the project happen/how long will the project take? Please attach outline if additional space is required)			
G)	HOW WILL THE PROJECT BE EVALUATED AND BY WHOM? PROVIDE DETAILS OF EVALUATION MECHANISMS. (What is the actual result at the end of the project)?			

н)	ARE OTHER FUNDING SOURCES AVAILABLE/ BEING PURSUED FOR THIS PROJECT			
I)	PROVIDE THE FOLLOWING DETAILS IN SUPPORT OF THIS APPLICATION.			
	 Please provide 2 quotes for projects over \$1,000.00 Please provide 1 letter of support signed by two Group Executives Please provide the Show Society's last full and transparent financial statement 			

Project Costs			
\$ \$		Amount Received from other sources	\$
\$ \$ \$			
\$			
TOTAL PROJECT COST OF THE PROJECT AMOUNT SOUGHT FROM AG SHOWS N (This should be the same as the amoun	SSW Grant Innovation Program S	<u> </u>	
	V accepts no responsibility for a	ny deficit incurred by this project	
		SIGNED:	
NAME:	. POSITION:	NAME:	POSITION: