

Closing Date: 10 June 2018

Applicants are required to read the guidelines provided prior to submitting an application. Please ensure that all fields have been completed to ensure that your application is considered.

If you are unsure of any criteria, please contact the Community Road Safety Grants team.

Section A – General information

| | |
|-----------------------|---|
| Name of organisation: | |
| Contact name: | Phone number: |
| Address: | |
| Email address: | ABN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Section B – Project proposal

Project title/name:

Project description and objectives

The project has a demonstrated need:

- A clear description of the need for the project supported by evidence
- The road safety outcomes the project will deliver.

Expected road safety outcome/benefit of project

The project has a road safety focus:

- Demonstrate how the project relates to road safety under the safer systems approach
- What are the expected road safety outcomes/benefits?

Community benefit of project

In what ways will the project benefit/enhance road safety in your community or local area:

- *How will you be able to demonstrate/measure this benefit?*

Partnerships

Partnerships with other organisations are encouraged. Please list any partners that will add value to the project.

Cost

Value for money:

- *Demonstrate that the budget is appropriate for the proposed project.*

Total costing:

Timeframe for delivery

Detail proposed start date and pathway for delivery.

Declaration by applicant

Please sign the declaration below: Sign-off should be by the person who has delegated authority to sign on behalf of the organisation e.g. CEO, General Manager or authorised member of the Board of Management. Indicate your authority to sign this application:

I/We certify that the information given in this application is true and correct. I/We agree the information disclosed in this application may be disclosed to other government agencies, reviewers and staff assisting with the administration or promotion of NSW Government funding programs.

If two signatures are required the funding program from which funds are being sought will specify this.

Signature 1:

Date:

day / month / year

Printed name:

Position title in organisation:

Signature 2:

Date:

day / month / year

Printed name:

Position title in organisation:

Section C – Enquiries

Representatives from the Centre for Road Safety are available via multiple contact points to help with your application.

For enquiries, please contact the team through:

Email communityroadsafetygrants@transport.nsw.gov.au

Post Community Road Safety Grants
PO Box K659
Haymarket NSW 1240

Phone (02) 8265 7372