



NRM COMMUNITY GROUPS INCREASING CAPABILITY SMALL GRANTS APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Details of Applicant

Name of Applicant	
Name of NRM Community Group	
Phone Number	
Email	
Postal Address	
Details of Activity	
Name of Activity	
Name of Company holding activity	
Name of Contact at Company	
Company Address	
Company Phone number	
Company Email	
Activity website (if applicable)	
Date of activity	
Total cost of activity	

Total cost applied for (clearly list all costs associated with the activity up to \$1,000 ex GST)		
Activity Description (Inc	lude what you want to do, how you plan to do it and with whom)	
Reasons for attending a	ctivity (Include why you consider it important)	
Endorsement of attendance must be provided by your NRM group committee.		
Has a copy of written endorsement been attached to this application form? (Email is acceptable)		
Yes		

Any further information or comments		
Ciana a al lacc		
Signed by Applicant:		
Applicant.		
Name of		
Applicant:		
Date:		
·		
Completed a	pplications must be submitted by email or post to:	
Laticha Nowr	man	
Letisha Newman Regional Capacity Project Officer		
South Coast NRM		
39 Mercer Road, Albany, 6330		
Email: <u>letishan@southcoastnrm.com.au</u> Phone: 9845 8508		
1 110110. 5045		

If you have any questions please do not hesitate to contact:

Letisha Newman

Regional Capacity Project Officer

Email: letishan@southcoastnrm.com.au

Phone: 9845 8508

or

Brett Dal Pozzo

A/Regional Capacity Program Leader Email: brettd@southcoastnrm.com.au

Phone: 9845 8545