

# BEST Community Shed – Application Form



## BEST Community Shed Program:

BEST supports initiatives that further it's mission to eliminate disadvantage in the communities we operate. Our *BEST Community Shed* Program provides organisations, groups and charities in Inverell with the opportunity to apply for funding to assist impoverished or otherwise disadvantaged people within our local community.

Together, with our community, we are helping to take care of our own.

Organisation/ Group/ Committee Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ ABN: \_\_\_\_\_

Is your organisation registered for GST:      Yes      No

Do you have a website:      Yes      No

Website Address: (if applicable) \_\_\_\_\_

If successful money is direct deposited into your nominated account usually within 7 working days of being notified.

You will need to complete the below details for this to occur.

Banking Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Marketing** – If successful are you willing to be photographed with BEST Community Shed Volunteers and to have this displayed and promoted throughout BEST's social media platforms and websites.

Yes

No

**How will you promote BEST Community Sheds Donation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return completed application forms to BEST Community Shed  
**Post:** PO Box 175, Inverell NSW 2360  
**Email:** [Pathways@best.com.au](mailto:Pathways@best.com.au)

*BEST Community Shed Application*  
Version 1:2  
September 2024 Owner: K.D

**Project/Activity Name:** \_\_\_\_\_

**Location of project/activity:** \_\_\_\_\_

**Target cohort for project/activity:** \_\_\_\_\_

**Target Age group for project/activity:** \_\_\_\_\_ **Is this project/activity ongoing:** YES NO

**Estimated number of people reached by the project/activity:** \_\_\_\_\_

**Please provide a brief description of your proposed project/activity:**

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(please attach separate page if needed)

**How will you project/activity support the vulnerable and disadvantaged in our community:**

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(please attach separate page if needed)

**What will the positive outcomes be for our community:**

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(please attach separate page if needed)

**Who has been involved in the planning of this project/activity and who will be involved in the implementation of this project/activity** (this includes groups, services and/or individuals)

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**What are the aims of the project/activity:**

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**What is your funding category?**

Arts ☐ Culture ☐ Sporting ☐ Environmental ☐ Educational ☐ Charity ☐

Community ☐ Other ☐ please specify \_\_\_\_\_

Amount of funding being sought from the BEST Community Shed Fund \$ \_\_\_\_\_

**What will the funding pay for**

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**Please list any other funding partners:**

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I affirm, on behalf of, \* \_\_\_\_\_ that any funds provided by BEST Community Shed will be expended:

- Within the specified region;
- As outlined in this application

If this application is successful, our organisation agrees to submit a BEST Community Shed report on funds used from BEST Community Shed donation.

I affirm that all details supplied in this application and attachments are true and correct to the best of my knowledge and the application form has been submitted with the full knowledge and agreement of the applicant organisation.

**Primary Person & Signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Secondary Person & Signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_



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