# Learn Local 2014 Training Delivery Support Grant

# Application Form

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| Section 1 – Contact Information | | | | | | | | | | | Fields marked (\*) are mandatory | | | | | | | |
| Part A: Applicant Organisation details | | | | | | | | | | | | | | | | | | |
| \* Name of Organisation: | | | |  | | | | | | | | | | | | | | |
| \*TOID | | | |  | | | | | | | | | | | | | | |
| \* Main Street Address: | | | |  | | | | | | | | | | | | | | |
| \* Town / Suburb: | | | |  | | | | | | | \* Postcode: | | | | |  | \* State: |  |
| Authorised person (This is the person who is authorised by the organisation to make the application on their behalf) | | | | | | | | | | | | | | | | | | |
| \* Title: |  | | \* First name: | |  | | | | | \* Last name: | | |  | | | | | |
| \* Position: |  | | | | | | | | | | | | | | | | | |
| \* Telephone: | |  | | | | Mobile: |  | | | | | Fax: | |  | | | | |
| \* Email: | |  | | | | | | | | | | | | | | | | |
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| **Section 2 – Items/services to be purchased using the grant** | | | | | | | | | | | | | | | | | | | | |
| **Resources (eg. PC, digital recorder, etc) (Include number of each being purchased)** | | | | | | | | | **Brand /Type** | | | | | | | **Quoted Price (including GST)** | | | | |
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| **Total** | | | | | | | | | | | | | | | |  | | | | |

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| How will purchase of these resources support the needs of learners in your organisation? Please focus particularly on learners facing barriers to participation and attainment. (50 Words Maximum) |
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| Declaration | | | |
| I state that to the best of my knowledge the information in this application is true and correct.  I agree to expend the funds allocated only on the items listed and for the uses specified in Section 2 above. I will keep on file all original receipts and proof of purchase and provide them to the funding body upon request.  I further declare that I hold the delegated authority to submit applications on behalf of the organisation named in Section 1 of this document. | | | |
| \* Signature: |  | \* Date: |  |
| \* Print name: |  | \* Position: |  |
| \* Witness Name: |  | \* Witness Signature |  |
| (To be signed by a person in the organisation with relevant delegated authority ) | | | |