# 2020 CLUB DEVELOPMENT PROJECTS

# FUNDING APPLICATION

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| --- | --- | --- | --- |
| **Equestrian NSW affiliated Club Name** | |  | |
| **Project Name** | |  | |
| Name of person submitting this proposal | |  | |
| Contact email address | |  | |
| Contact telephone number | |  | |
| Funding amount requested (max $2,000) | |  | |
| Name of Project Manager | |  | |
| Contact email address | |  | |
| Contact telephone number | |  | |
| Project Start Date |  | Project Finish Date |  |
| **Detailed Project Description** | | | |
| **Project Budget (Income and Expenditure) including funding from other sources** | | | |
| **How will this project benefit Jumping?** | | | |

**Please email this Funding Application to** [**bruce@ensw.org.au**](mailto:bruce@ensw.org.au) **by 10 Feb 20.**