



Goulburn Mulwaree Council
Locked Bag 22
Goulburn NSW 2580

Civic Centre
184 - 194 Bourke Street
Goulburn NSW 2580
t (02) 4823 4444
e council@goulburn.nsw.gov.au
www.goulburn.nsw.gov.au

CBD GRANT APPLICATION 2023/2024

Goulburn Mulwaree Council

PLEASE REFER TO THE GUIDELINES BEFORE COMPLETING THIS APPLICATION

APPLICANT DETAILS
NAME:
POSTAL ADDRESS:
PHONE NUMBER(S):
EMAIL:
ADDRESS OF CBD PROPERTY Please include name of building if any.
ADDRESS:
THE PROPOSAL
PROPOSED WORKS:
PRESENT USE OF BUILDING:
COST
ESTIMATED COST OF THE WORK:
AMOUNT SOUGHT FROM THIS APPLICATION:
Note: Grant amounts will be allocated based on the significance of the building and the work proposed. The grants are dollar for dollar, that is Council will match each dollar spent by the applicant up to the maximum grant amount offered.



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ADDITIONAL INFORMATION SUBMITTED WITH THIS APPLICATION

Items shown with an asterisk * are mandatory. Applications without this information can't be processed.

TICK THE APPROPRIATE BOXES – SEE GUIDELINES FOR FURTHER DETAILS

- * **Quotes for the cost to carry out the work (preferably minimum 2 quotes).**
- * **Digital photographs of the existing structure.**
- Plans / Details / Sketches of the proposed work (if relevant).**
- Samples of materials and paint colours. These must be agreed with Council prior to start of work.**

APPLICANT(S) SIGNATURE

I/we, the undersigned, being the applicant(s) nominated in this application, hereby apply for financial assistance under the CBD Assistance Fund to carry out works described in this application on the land specified in this application.

NAME	SIGNATURE	CAPACITY (e.g. owner or tenant)	DATE
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NAME	SIGNATURE	CAPACITY	DATE
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CONSENT OF OWNER(S) OF THE LAND

[Note: Only required if the applicant is not the owner.](#)

OWNER(S) DETAILS:

POSTAL ADDRESS:

NAME	SIGNATURE	CAPACITY	DATE
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NAME	SIGNATURE	CAPACITY	DATE
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[Note: The signature of **all** owners is required.](#)