

**COMMUNITY PROJECT OF THE YEAR**

**NOMINATION FORM 2024**

**Details of the Community Group/Project lead being nominated:**

Organisation: ....................................................................................................................................................

Contact name: ..................................................................................................................................................

Address: ............................................................................................................................................................

Postcode: ................... Email: ...........................................................................................................................

Phone: ................................................................ Telephone (Bus): .................................................................

Email: .................................................................................................................................................................

**Details of the person submitting the nomination:**

Name: ................................................................................................................................................................

Organisation represented (if any): .................................................................................................................

Address: ............................................................................................................................................................

Postcode: ..................... Email: .........................................................................................................................

Phone: ……...…………............................................ Telephone (Bus): .................................................................

Signature: ..................................................................................................................................................

**List the details of the positive impact within the Ararat Rural City community in the past year:**

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**List details of ongoing commitment in enhancing services to the community:**

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**List any activities undertaken that promote the ‘Spirit of Ararat’ – diversity, inclusion, positive wellbeing and welfare outcomes, respect, compassion etc.**

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**List any further information on how the nominated community project has shown positive contributions to the Ararat Rural City Community:**

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**Other persons who may be contacted for further information about the nominee:**

Name: ........................................................... Name: ................................................................

Position: ...................................................... Position: .............................................................

Address: ...................................................... Address: .............................................................

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Phone: ………................................................. Phone: ………….....................................................

**Please return this completed form to:**

Ararat Rural City Council

Attention: Executive Officer

59 Vincent Street, or

PO Box 246

Ararat Vic 3377

**By 5.00pm Wednesday 10 January 2024**

Logo, company name

Description automatically generated