

10 COMMUNITY ASSISTANCE FUNDING APPLICATION FORM

DONATIONS TO ORGANISATIONS /INDIVIDUALS (please circle)

APPLICANT NAME:

ORGANISATION (IF APPLICABLE):

ADDRESS:

TELEPHONE NO: (BUS) (A/H).....

Email:.....

ASSISTANCE SOUGHT: MONETARY/ LABOUR/ EQUIPMENT/ SERVICES/ MATERIALS/ OTHER:

VALUE OF ASSISTANCE: \$..... (max funding, organisations \$1,000 /individuals \$500 –
Note: up to \$5,000 is available for projects with matched funding)

PURPOSE FOR WHICH ASSISTANCE IS SOUGHT: (250 words or less)

.....
.....

IS THE PROJECT IDENTIFIED IN THE COMMUNITY STRATEGIC PLAN

.....
.....

BACKGROUND/ACHIEVEMENTS OF INDIVIDUAL(S), ETC.

.....
.....

START DATE / / END DATE / /

ROLE OF ASSOCIATION IN THE COMMUNITY (IF APPLICABLE):

.....
.....

WILL FUNDS/ASSISTANCE BENEFIT THE COMMUNITY? (250 words or less)

.....
.....

PROPOSED CONTRIBUTION BY APPLICANT (IF APPLICABLE)

.....

IS YOUR ORGANISATION INCORPORATED OR AUSPICED BY AN INCORPORATED BODY?

.....

.....

PLEASE ATTACH ANY SUPPORTING DOCUMENTS/ENDORSEMENTS

Note: all successful applicants will be required to lodge an acquittal form (including receipts of purchases) with Council's Finance Manager within 4 weeks of completion of the project/activity.