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: \$..... (max funding, organisations \$1,000 /individuals \$500 -VALUE OF ASSISTANCE: 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) Edition 1 Rev 0 Kyogle Council Financial Assistance Policy 14 August 2017 Page 9 of 10 Pages

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.