



INTRA CLUB APPLICATION FORM FOR EVENT/PROJECT FUNDING

1	INTRA CLUB NAME:	
2	EVENT / PROJECT: Please provide details of the Event/Project If insufficient space please attach document	
3	AMOUNT OF FUNDING APPLYING FOR:	
4	EVENT/PROJECT BUDGET: Please provide Income/Expenditure budget for Event/Project Please provide breakdown of Income/Expenditure budget If insufficient space please attach document.	INCOME
		NETT RESULT:
5	OTHER FUNDING SOURCES: Please detail other means of funding applied/activities undertaken for this event/project.	
6	TARGETTED PARTICIPANTS:	<input type="checkbox"/> Locals (Sunraysia) Number: _____ <input type="checkbox"/> Visitors Number: _____
7	WHAT ARE THE EXPECTED BENEFITS FOR THE COOMEALLA MEMORIAL SPORTINTG CLUB:	Direct financial return to Coomealla Memorial Sporting Club (Estimate): <input type="checkbox"/> Catering \$ _____ <input type="checkbox"/> Bar \$ _____ <input type="checkbox"/> Accommodation \$ _____ <input type="checkbox"/> Other - Please List \$ _____ _____ _____ _____

8	WILL THE EVENT/PROJECT INVOLVE A FUNCTION/S AT THE COOMEALLA MEMORIAL SPORTING CLUB:	Please list Activity/Event: 1. _____ 2. Numbers Attending: _____
9	WHAT MARKETING OF THE EVENT/PROJECT WILL BE UNDERTAKEN:	<input type="checkbox"/> Print _____ <input type="checkbox"/> Radio _____ <input type="checkbox"/> Television _____ <input type="checkbox"/> Social _____ <input type="checkbox"/> Other _____
10	PREFERRED PAYMENT:	Should your application for funding be successful lease provide preferred payment details: <input type="checkbox"/> Cheque: Payee Details _____ <input type="checkbox"/> Direct Bank Deposit: Account Name: _____ BSB _____ Account No. _____
11	TERMS: 1. I understand that this is an application only and may not necessarily result in funding approval. 2. I agree that should the nominated event/project not come to fruition all funds will be repaid to the Coomealla Memorial Sporting Club. 3. Applicants are required to submit a summary report of the project upon completion, including an acquittal of funding.	ACCEPTANCE OF TERMS: I verify that I am authorised by the Applicant to submit this application and agree to the TERMS as set out on this Application Form. Signature: _____ Print Name: _____ Position: _____ Date: _____