

CATEGORY 2 APPLICATION FOR FUNDING FORM

*Provides funding for sporting and general community organisations/projects*

*not covered by ClubGRANTS Category 1*

Funding Form to be used for all applications over $1,000

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| 1 | **NAME OF ORGANISATION OF INDIVIDUAL**: |  |
| 2 | **ORGANISATION CATERGORY**:  eg. School, Sports Club, Community Enterprise, Commercial Enterprise, Cultural Enterprise, Charity, Church, Military, Government, Health Promotion, Medical Research, Animal Welfare, Individual etc. |  |
| 3 | **PRIMARY CONTACT DETAILS** |  |
| Name: |  |
| Position or Title: |  |
| Street Address: |  |
| Postal Address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Telephone: |  |
| Email: |  |
| 4 | **PROJECT DESCRIPTION:**  Describe briefly the nature and scope of the project you require function or complimentary services for and provide commencement dates where possible. Please attach details if sufficient room on the form. |  |
| 5 | **PROJECT REQUIREMENT:**  eg. Funding, sponsorship, donation, complimentary room hire or complimentary services etc. |  |
| 6 | **AMOUNT OF REQUIRED FUNDING:**  Note: If this application is for monetary funding as opposed to complimentary services you must provide a full itemised coasting of the project to justify the amount you are requesting. Please attach supporting information to this form. |  |
| 7 | **WHAT ARE THE EXPECTED BENEFITS:**  Describe in detail what the expected benefits or outcomes of the project will be. Attach details if not enough room. |  |
| 8 | **CLUB MEMBERSHIP:**  If you, or members of your organisation/family are club members please insert membership numbers, otherwise enter “Not Applicable” |  |
| 9 | **PREVIOUS FUNDING:**  Has the organisation/individual received funding or complimentary services I the past? If so, enter a brief description including dates etc. |  |
| 10 | **WHAT OTHER SOURCES OF FUNDING ARE, OR MAY BE INVOLVED?**  **Please confirm if received or pending:** | * Other * Local * State * Federal * Club(s)   Please list organisation/s, amount received / applied for: |
| 11 | **FINANCIAL DETAILS OF ORGANISATION OR INDIVIDUAL:**  Please provide financial details of organisation including audited financial statement. |  |
| 12 | **PROPOSED BENEFITS TO THE COOMEALLA MEMORIAL SPORTING CLUB** | Please select relevant areas and provide details:   * Television * Magazine * Radio * Newspaper * Website * Flyer * Other   Please specify how these areas will be utilised to provide benefit to the Coomealla Memorial Sporting Club. |
| 13 | **PREFERRED PAYMENT:** | Please provide preferred payment details:   * Cheque: Payee Details   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Direct Bank Deposit:   Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BSB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14 | **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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |