

## **Community Benefit Fund Application Form Please Note:**

To be eligible to apply for a grant, your organization must be an Incorporated Association or a School Parents and Friends Association and be eligible for Income Tax Exemption. The Management Committee of Club Southside Inc. reserves the right, under special circumstances, to consider any organization outside of these requirements.

Applications open 1st of February 2024 and close 30th April 2024

Name of Organization:			
Postal Address:			
Street Address:			
Email Address:			
ABN:			
GST Registered Income Tax exempt Deductible Gift Recipient	YES YES YES		NO NO NO
Contact Person (for enquiries regarding application)			
Mr Mrs Ms Miss			
First Name:		Surname:	
Telephone (business hours):		Fax:	
Position In Organization:			
Email Address:			

Details of Project to which the	Grants Funds are to be applied:
	(Please attach sheet if insufficient space
Conditions of application subn	nission:
1. A copy of the Certificate of Inc	corporation is to be included with the Application.
2. No correspondence will be entere grant.	ed into regarding the approval or non-approval of a
3.Grants will be approved for succe \$250 to a maximum of \$5,000. Or organization will be considered.	essful applicants for a minimum of anly one project per application per
4 Where applicable, quotes su	pporting the application should be attached
the recipient organization m Committee of Club Southside	pt of a grant and within six months, ust advise the Management e Inc., in writing, details of the way ded. Copies of relevant invoices
Amount of Funds Required: \$	
I/We hereby certify that the above accept the terms and conditions as	details are current and correct and agree to set out above.
Signed	President / Chairperson
	Date:
Signed	Secretary / Treasurer
	Date: