

# **COMMUNITY SUPPORT FUNDING PROGRAM APPLICATION**

# **Organisation Details:**

Name of org:						
Street Address:						
Suburb:	State:		Postco	de:		
Postal Address (If different):			·			
Suburb:	State:		Postco	de:		
ferred Contact Per	on: All application correspor	ndence	will be dire	ected to this pe		
Full Name:		Title:	Mr 🔲 N	∕ırs □ Ms □		
Position Held:						
<b>Business Phone:</b>	Mobile Pl	Mobile Phone:				
Email:						
Incorporation No (m	<b>Details:</b> st be incorporated to qualify for gr	rant)				
ABN # (if available)						
Bank Name:	BSB:		Acc#:			
Describe your organ please include)	ation (if you have a prospectus th	hat desci	ribes your or	ganisation then		

**Gympie Sub Branch**: 44 Nash Street, Gympie QLD 4570 **Phone**: 07 5483 7707 **Email**: secretary@gympiersla.com.au



## **Conditions of grant:**

- 1. All applicants must be an incorporated body and operate within the Gympie community including the Gympie RSL HUB.
- 2. The level of community benefit to be derived from this grant will be an important consideration in assessing your application.
- 3. Grants will not be made for reimbursement of funds already expended. Grants will only be made for proposed future expenditure.
- 4. Grants must be acquitted and evidence provided for expenditure before any future grant will be considered

### **Grant Details:**

Amount sought:				
Purpose:				
How will this grant benefit the Gympie community?				
Is your organisation able to publicly acknowledge a grant from Gympie RSL? If so, how?				

#### **APPLICANT'S CERTIFICATION:**

I certify that the information supplied is, to the best of my knowledge, true and correct.

Name:	Position held:	
Signature:	Date:	

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