

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

To be eligible to apply for a grant, your organisation 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 organisation outside of these requirements.

Applications open 1st of February and close 30th April

Name of Organisation:			
Postal Address:			
Street Address:			
Email Address:			
ABN:			
GST Registered Income Tax exempt Deductible Gift Recipient	YES  YES  YES  YES		NO 🗌 NO 🗍 NO 🗍
Contact Person (for enquiries reg	arding application	2	
Mr  Mrs  Ms  Miss			
First Name:		Surname:	
Telephone (business hours):		Fax:	
Position In Organisation:			
Email Address:			

Details of Project to which the	e Grants Funds are to be applied:	
	(Please attach sheet if insufficient space)	
Conditions of application sub	mission:	
. A copy of the Certificate of Incorporation is to be included with the Application.		
2. No correspondence will be entergrant.	red into regarding the approval or non-approval of a	
	cessful applicants for a minimum of Only one project per application per	
4 Where applicable, quotes s	upporting the application should be attached.	
the recipient organisation n Committee of Club Southsid	ipt of a grant and within six months, nust advise the Management de Inc., in writing, details of the way nded. 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 s set out above.	
Signed	President / Chairperson	
	Date:	
Signed	Secretary / Treasurer	
	Date:	