



## COMMUNITY SUPPORT APPLICATION FORM

Organisation Applying for Funding: \_\_\_\_\_

ABN: \_\_\_\_\_ Local Council Area: \_\_\_\_\_

Is your organisation a non-profit organisation?  Yes  No

Is your organisation incorporated?  Yes  No

If yes, please indicate which form of incorporation below:

- A company limited by guarantee
- A co-operative
- An incorporated association
- An unincorporated association
- Other – please detail below:

### Primary Contact:

Salutation: \_\_\_\_\_ Name: \_\_\_\_\_  
e.g. Mr/Mrs/Ms

Position in Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Secondary Contact Person Details:

Salutation: \_\_\_\_\_ Name: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **IMPORTANT INFORMATION**

• Applications **MUST** be sent to The Secretary Manager North Beach Recreation & Bowling Club 429 Mylestom Drive, Mylestom NSW 2454 or by email to [mail@northbeachbowls.com.au](mailto:mail@northbeachbowls.com.au).

• We encourage you to submit covering letters or other information you feel will support your application to assist us to understand better about your organisation and what you do and achieve.



# North Beach Recreation & Bowling Club

**FOR FURTHER INFORMATION:** Please call the Club on 02 6655 4293 or email [mail@northbeachbowls.com.au](mailto:mail@northbeachbowls.com.au).

You application will be tabled at the next scheduled monthly meeting of the Board of Directors.

**Q1. Please provide an outline of your project (what you are going to do or provide, e.g. details of your event, service, product etc).**

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**Q2. Which of the following community priorities below does your project address? Please tick ONE (1) BOX ONLY.**

- A1 - family support/emergency or low cost accommodation
- A2 - child protection/child care
- A3 - counselling services
- A4 - aged, disability or youth services
- A5 - victims of natural disasters
- A6 - volunteer emergency services
- A7 - veteran welfare services
- B1 - neighbourhood centre/youth drop in activities
- B2 - community transport services
- B3 - community education programs
- B4 - tenants services
- B5 - state-wide or regional services developing social policies and/or providing advocacy for local communities
- C1 - early childhood health/child and family services
- C2 - community nursing/therapy/mental health services
- C3 - drug & alcohol/palliative care/women's health/aboriginal health/dental services
- C4 - home and community care and disability services
- C5 - health promotion initiatives
- D1 - employment placement/advocacy services
- D2 - group training companies
- D3 - community enterprises
- D4 - local job creation scheme



# North Beach Recreation & Bowling Club

**Q3. Will ALL the Community Support funding you have requested be spent within the Local Government Area?**

Yes       No

**Q3a. If no, approximately what percentage will be spent outside the local area?**

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**Q4. Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? If yes, please give details (how much, which program):**

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**Q5. Have you applied, or do you intend to apply, to any other registered club or funding body for this project (including applications in other areas)**

Yes       No

If yes, please advise who:

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**Q6. What support do you seek with your application? (You may select both)**

Cash       Support In Kind

**Q7. What is the total amount of Cash Support funding you are seeking from us for this application?**

\$
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**Q8. What is the nature of 'Support In Kind' you are seeking from us for this application?**

(eg. Use of the Courtesy bus, free room hire, use of Club equipment)

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**Q9. Will your project still be viable if you receive less than the requested amount?**

Yes       No

**Q10. Has your organisation received support from North Beach Recreation & Bowling Club before?**

Yes       No



# North Beach Recreation & Bowling Club

**Q10a. If yes, in what year, for what purpose and how much?**

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**Note: Organisations that have not submitted their report / progress forms from previous support will not be considered for further funding.**

**Q11. Please outline below the project budget for your proposal, including funding from this source (North Beach Recreation & Bowling Club) and any other funding sources. E.G. salaries, program costs, capital equipment, rent, etc.**

Income		Expenditure	
Description	\$	Description	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENDITURE</b>	<b>\$</b>

*\*If more room is required, please attach extra information on a new page.*

**Q11. Are there members of your not for profit organisation who are also members of North Beach Recreation & Bowling Club?**

Yes       No

**Q11a. If yes, approximately how many?**

**Q11b. Please record the names of these members:**

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# North Beach Recreation & Bowling Club

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**Q12. Please provide your organisation's banking details for Cash Support applications.**

**Account Name:** \_\_\_\_\_

**BSB No:** \_\_\_\_\_ **Account No:** \_\_\_\_\_

**If your application for funding is successful you will be required to report to North Beach Recreation & Bowling Club on the outcomes achieved from the support received:**

*Reporting requirements are as follows:*

Up to \$500	Cash	Receipt only
Up to \$500	In-Kind	Letter of acknowledgment from recipient.
\$500 - \$5,000	Cash or In-Kind	<a href="#">Standard Funding Report Form and Statutory Declaration</a>
Over \$5,000		<a href="#">Standard Funding Report Form and Statutory Declaration</a>
Over \$10,000		Club and benefiting organisation must enter into a formal contract. Please click here to download the <a href="#">Funding Agreement</a> .

## **Important information regarding GST**

A non-profit organisation or donating club does not have a GST liability provided the non-profit organisation is not making a supply to the donor club in relation to the receipt of the payment. The acknowledgement of the funds provided in the recipient's newsletter or annual report, or in a local state or national newspaper, or a certificate, plaque or equivalent of appreciation is not considered to be a supply from a recipient to a donor club.

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# North Beach Recreation & Bowling Club

## Declaration, Authority and Consent

The applicant declares that the application information is true and correct. The Applicant will notify the Club of any changes to this information and any circumstances that may affect this application.

The applicant authorises and consents to the Club:

1. Referring this application (as necessary) to external experts for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative funding opportunities.
2. Disclosing the Application Information to ClubsNSW and to ClubsNSW collecting, aggregating, having access to, using, disclosing and publishing the Application Information for a ClubsNSW purpose.

**“Application Information”** means all information and data (including email and personal information) provided within this document.

**“ClubsNSW Purpose”** means:

- a) To quantify the social contribution made by registered clubs by the making of grants; and
- b) To use, disclose and publish the Application Information which it collects and aggregates from Clubs in ClubsNSW’s capacity as an advocate on behalf of the Club industry.

I understand that this is an application only and may not necessarily result in funding approval.

I am authorised to submit this application and agreeing to the Declaration, Authority and Consent.

I have read and agreed to the above.

Authorised Person:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_