

CATEGORY 2 APPLICATION FORM - Page 1 of 2

NAME OF ORGANISATION / INDIVIDUAL:	
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ORGANISATION CATEGORY: e.g. School, Sports Club, Community Enterprise, Commercial Enterprise, Cultural Enterprise, Charity, Church, Military, Government, Health Promotion, Medical Research, Animal Welfare, Individual, etc.	
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NAME OF CLUB YOU ARE APPLYING TO:	CLUB SAPPHIRE MERIMBULA
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LOCAL GOVERNMENT AREA: e.g. Bega Valley Shire. Note: Applicant organisation /individual must operate within the Club's local government area or be using Club facilities to qualify.	
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PRIMARY CONTACT DETAILS	
Name:	
Position / Title:	
Street Address:	
Postal Address:	
Suburb:	
State:	
Postcode:	
Telephone:	
Email:	

TAX STATUS: (Exempt / Not Exempt) If exempt, provide details/proof of Taxation Office endorsement as a deductible gift recipient.	
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PREVIOUS FUNDING: Has the organisation/individual received funding or complimentary services in the past? If so, provide a brief description including dates, etc.	
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STANDARD FUNDING REPORT FORM: If you received previous funding or complimentary services to the value of \$500 or more have you completed the required SFRF form at the end of the project? If not, under the regulations governing ClubGRANTS, this application cannot be considered until all previously required forms are completed and returned.	
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ACKNOWLEDGEMENT / RECEIPT: If you received previous funding or complimentary services under \$500 have you sent an acknowledgement or receipt for the services provided? If not, please attach to this form.	
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<p>PROJECT DESCRIPTION: Describe briefly the nature and scope of the project you require funding or complimentary services for and provide commencement dates where possible. Please attach details if insufficient room on the form.</p>	
<p>PROJECT REQUIREMENT: e.g. Funding, sponsorship, donation, complimentary room hire or complimentary services, etc.</p>	
<p>AMOUNT OF REQUIRED FUNDING: NOTE: If this application is for monetary funding as opposed to complimentary services, you must provide a full itemised costing of the project to justify the amount you are requesting. Please attach supporting information to this form. If not a monetary funding application, then leave this field blank.</p>	
<p>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.</p>	
<p>CLUB MEMBERSHIP: If you, or members of your organisation/family are Club members, please insert membership numbers and state length of membership. Otherwise, enter "Not Applicable".</p>	
<p>COMPANY ABN & GST STATUS: (if applicable)</p>	
<p>COMPANY STATUS: (e.g. Non-profit, incorporated, registered charity, etc.)</p>	
NAME OF APPLICANT:	
SIGNATURE OF APPLICANT:	
DATE OF APPLICATION:	

Please return this form to: **THE CEO
CLUB SAPPHIRE
PO BOX 52
MERIMBULA NSW 2548**

NOTE: All details requested are mandatory. Applications with incomplete information may not be considered.