KBSC COMMUNITY BENEFIT FUND



Applicants should read the Keppel Bay Sailing Club (KBSC) Community Benefit Fund Guidelines carefully before completing this form

Organisation Name (if applicable) :	ABN (if applicable) :	
COMMUNITY BENEFIT FUND APPLICATION TYPE (Please select 1 only)	General Application	Community-Based Event / Project
Applicant Full Name :	Email :	
Postal Address :		
Phone:	Preferred contact metho	d :
PROJECT / EVENT DETAILS		
Project / Event Name :		
Project / Event Description :		

 Project / Event Dates

 (date of event or activity or intended purchase date):

 Grant Amount Requested (\$AUD excl. GST) :

ADDUCANT CHECKLIST

	AFFEICANT CHECKEIST.		
1.	I have read and understood the KBSC Community Benefit Guidelines and the grant eligibility criteria.	Yes	No
2.	I have attached the relevant supporting documentation (Letter or endorsement from community-based or incorporated body, copies of relevant quotes, current Public Liability Insurance and Indemnity Statement, Certificate of Incorporation, Statement of Supplier Form)	Yes	No
3.	I have completed the application form in full (including signed and dated)	Yes	No

KBSC COMMUNITY BENEFIT FUND GRANT APPLICATION FORM



APPLICANT DECLARATION :

l cert	ify that :				
1.	I have read and accept the KBSC Community Benefit Guidlelines		Yes	No	
2.	The information provided in this application is true and correct; and		Yes	No	
3.	I am authorised to make this application on behalf of the individual, organisation or group.		Yes	No	
Applicant Name (Print) :		Date :			
Applicant Signature :					

Keppel Bay Sailing Club is committed to the protection of personal information under the Privacy Act 1998 (Cth). Please refer to <u>KBSC Privacy Statement</u> for further information.

HOW TO LODGE YOUR APPLICATION :

Please send the fully completed Application Form along with any supporting documents to :

KBSC Community Benefit Fund Attn: General Manager

Email: <u>CBF@kbsc.com.au</u> Post: PO Box 32, YEPPOON QLD 4703

KBSC OFFICE USE ONLY

The application was received by the cut-off date for the current r	round.
Applicant meets eligibility criteria or determined by CBF Commi	ittee as eligible? Yes No
Did the Applicant receive funding the previous round?	Yes No
Has the Applicant provided all required documentation?	Yes No
This application is : Successful Unsu	uccessful
Comments:	
Assessed By (Sign & Print Name) :	Assessed By (Sign & Print Name) :