

KBSC COMMUNITY BENEFIT FUND GRANT APPLICATION FORM



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 method :

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) :

APPLICANT CHECKLIST :

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

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PASSESSMENT CRITERIA

Applicants are to address the assessment criteria as provided in the Community Benefit Fund Guidelines (attach documents where appropriate):

- The objectives of the proposal / request (i.e. does it align with the CBF key objectives?)
- Evidence confirming the requested funding amount, including any alternate proposal amounts and (if applicable) associated quotations.
- Balanced and realistic budget.
- Evidence that identifies the need for the proposal
- Evidence that demonstrates the proposal will address the identified needs.
- Capacity of the applicant to successfully complete the project/initiative or meet the identified need within 12 months of receiving the grant.

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APPLICANT DECLARATION :

I certify that :

- | | | |
|---|------------------------------|-----------------------------|
| 1. I have read and accept the KBSC Community Benefit Guidelines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The information provided in this application is true and correct; and | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I am authorised to make this application on behalf of the individual, organisation or group. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 [KBSC Privacy Statement](#) 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: CBF@kbsc.com.au

Post: PO Box 32, YEPPOON QLD 4703

KBSC OFFICE USE ONLY

- | | | |
|--|------------------------------|-----------------------------|
| The application was received by the cut-off date for the current round. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Applicant meets eligibility criteria or determined by CBF Committee as eligible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the Applicant receive funding the previous round? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Applicant provided all required documentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- This application is : Successful Unsuccessful

Comments:

Assessed By (Sign & Print Name) :

Assessed By (Sign & Print Name) :