

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.

AND APPLICATION TYPE General Application Community-Based Event / Project

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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. Yes No

Applicant meets eligibility criteria or determined by CBF Committee 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 Unsuccessful

Comments:

Assessed By (Sign & Print Name) :

Assessed By (Sign & Print Name) :