



WHITEHORSE COMMUNITY CHEST INC.

P O BOX 159, FOREST HILL VIC 3131

ABN 21 177 337 787

Inc. Reg. No. A0019853X

APPLICATION FOR GRANT

To be lodged by: 1st April

If you have any difficulties completing this form please do not hesitate to contact the Chest office for assistance (Tel. 9894 4744). Your application will be acknowledged and submitted to the Allocation Sub-Committee for assessment.

ORGANISATION

What is the name of your organisation? _____

From what address do you operate? _____

_____ Post Code _____

Postal Address (if different) _____

Web Address (if applicable) _____

Phone Number _____ Email Address _____

ORGANISATION TYPE

Type of body (please circle one): **Company / Incorporated Association / Unincorporated Association**

ABN _____ Inc.Reg.No. _____

Registered as a Deductible Gift Recipient? **Yes /No** (If yes, please provide copy of Certificate)

What category best describes your group (please tick as appropriate)

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Community Based Service (City of Whitehorse) | <input type="checkbox"/> | Fundraising Support Group |
| <input type="checkbox"/> | Community Based Service (State/National) | <input type="checkbox"/> | Organisation Providing Welfare to Own Members |
| <input type="checkbox"/> | Disabled Group (City of Whitehorse) | <input type="checkbox"/> | Welfare Group – Community Based (City of Whitehorse) |
| <input type="checkbox"/> | Disabled Group (State/National) | <input type="checkbox"/> | Welfare Group (State/National) |

Other (Please elaborate) _____

ORGANISATION PURPOSE/STRUCTURE

Briefly explain what your organisation does and how it benefits the Whitehorse community.

Please describe your organisation, eg. size of committee, number of volunteer and paid staff, client base.

FUNDING PURPOSE

Do you have a specific project for which you seek funding? **Yes / No**
If Yes, please complete below (SPECIAL PROJECT)

If No, for what purpose will grant funding be used?

SPECIAL PROJECT

Name of project _____

Cost of project \$ _____

Period of time the project will take to complete _____

Who is your project targeted to help? _____

Give a brief summary of what the project is intended to provide _____

CONTACT

Person to contact regarding this application

Mr/Mrs/Ms _____ Title/Position _____

Address _____ Post Code _____

Telephone _____ Fax _____ Email _____

COLLECTORS/WALKERS

Please indicate the possible number of **COLLECTORS** you can provide for the Annual Doorknock _____

Please indicate the possible number of **WALKERS** you can provide for the Annual Doorknock _____

Please sign & return completed form to the Chest at the above address, **together with your latest ANNUAL REPORT AND FINANCIAL STATEMENTS** and **COPY OF CERTIFICATE OF ENDORSEMENT AS A DEDUCTIBLE GIFT RECIPIENT** (if applicable)

Signature _____ Date ____ / ____ / 20 ____

Print name _____ Title _____

The Chest reserves the right to publish information regarding Grant Allocation

OFFICE USE ONLY

Annual Report	Yes / No	Special Project	Yes / No	Other support	Yes / No
Balance Sheet	Yes / No	Number of collectors	_____	A.B.N.	Yes / No
Tax deductibility	Yes / No	Number of walkers	_____	Incorp. No.	Yes / No