SUPPORTING THE **COMMUNITY THAT SUPPORTS US...**

APPLICATION FOR COMMUNITY GRANT

Applicants should read the Community Grant Application Guidelines carefully before completing this Application Form. For full details please refer to our website www.grants.kedron-wavell.com.au. The original Application Form must be fully completed and submitted along with your Funding Submission and any other required documentation to:

The General Manager KW Community Grants Kedron-Wavell Inc PO Box 107, Chermside South QLD 4032

Organisation Details [applicant]

Name of Organisation:		
Postal Address:		
Contact Person:		Title:
Phone No:	Mobile:	
Email:		

Registration Details [Please Tick]

Registered Charity for Tax Purposes?	🗖 Yes	🗌 No
Incorporated Association	🗖 Yes	ΠNο
Registered for GST	🗖 Yes	ΠNο

Aim/Objective of Organisation [give a brief description of your organisation]

Purpose of Grant [maximum of 500 words to be attached on a	n organisatior	ns official stat	ionery]	
Grant Amount [Please tick one only]	□ \$1,000	□ \$2,500	□ \$5,000	□ \$10,000
I certify that the information provided in this application reflects the financial position of the applicant organisation Inc and I authorise Kedron-Wavell Inc to make further en- the purposes stated above and that an official receipt of terms as outlined in the Application Guidelines.	on. I authorise the i nquiries where ne	release of the info cessary. I certify	rmation containe that the grant (if	d herein to Kedron-Wavell received) will be used for
Signed By Applicant:			Date:	
Kedron-Wavell is committed to the privacy of personal supplied by you in your intention with the Club under the		, , , , , , , , , , , , , , , , , , ,	ldress, gender, et	с.
COMMUNITY GRANTS PROGRAM	20	K4 www.ke	KEDRON-WA	WELL m.au