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 (online application preferred). The original Application Form must be fully completed and submitted along with your Funding Submission and any other required documentation to:

The Partnerships 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:			

٦No ΠNo ΠNo

Registration Details [Please Tick]

Registered Charity for Tax Purposes?	🗖 Yes
Incorporated Association	🗌 Yes
Registered for GST	🗌 Yes

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

Purpose of Grant [maximum of 300 words to be attached on a	n organisatio	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 we terms as outlined in the Application Guidelines.	on. I authorise the nquiries where ne	release of the info ecessary. I certify	rmation containe that the grant (if	ed 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	Kul	KEDRON-WAY	

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