



APPLICATION FOR FUNDING

COMMUNITY ORGANISATION

Life Saving Support Services Inc

ABN 34 100 281 336
 PO Box 1648, Caloundra Qld 4551
 29 The Esplanade, Bulcock Beach, Caloundra Qld 4551
 Affiliated with Royal Life Saving Society Qld Inc

Instructions (Please read these instructions carefully before completing this form)

- All application must be submitted with approval of the groups governing body (i.e. committee).
- Complete this funding request form in full and attach all supporting documents (quotes, letters of support, etc).
- Have an Authorised Officer complete and sign the relevant section.
- Forward the completed form to us for our consideration.
- The group should not consider that any funding is approved, until you receive written confirmation from us.

Service use only

Application No _____

1. Club Details

Organisation Name		ABN	
<input type="text"/>		<input type="text"/>	
Organisation Address		Contact:	<input type="text"/>
<input type="text"/>		Email :	<input type="text"/>
<input type="text"/>		Phone number	<input type="text"/>
Incorporated Organisation		Mobile Phone number	<input type="text"/>
<input type="radio"/> Yes, please attach copy of Certificate of Incorporation <input type="radio"/> No			

In order for the Service to consider the application, please answer the following questions:

	Yes	No	
Has the organisation received funding from us before ?	<input type="radio"/>	<input type="radio"/>	
Is the organisation registered with Qld Office Fair Trading (sanction/charity)?	<input type="radio"/>	<input type="radio"/>	(If yes, please provide copy of relevant certificate)
Is the organisation registered with ACNC ?	<input type="radio"/>	<input type="radio"/>	

Note – If in the opinion of the Board of Directors, the above information is found to be false or misleading, the Board of Directors may reject or withdraw your application, or take such other action as it deems appropriate.

2. Funding Request (Please complete details on page 2)

We wish to apply for funding for the following purpose:	<input type="text"/>	Funding Category:	<input type="radio"/> Patrol & Rescue <input type="radio"/> Education & Development <input type="radio"/> Sport & Participation <input type="radio"/> Youth Development <input type="radio"/> Other
Amount of funding sought:	\$ <input type="text"/>	Date Commencement of project:	<input type="text"/>
		Date Completion of project:	<input type="text"/>

3. Funding Breakdown / Budget

Cost Category	Item (detail specific items)	Contributed by you	Contributed by others	Funding requested	Total Cost
Purchase equipment	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Purchase uniforms	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Purchase Safety Eq.	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Purchase (Other)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Travel Costs	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Accommodation Costs	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Course Costs	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

4. Funding Justification

Please explain how this funding will support the objectives of the Service:

5. Other Comments / Remarks in Support of the Application

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6. Organisations Management

Please list the names and contact details of the governing group of the organisation:

Position	Name	Address	Phone	Email
President:				
Dept President:				
Secretary:				
Treasurer:				
Other:				
Other:				

7. Other Information

Assessment

- Your application will be considered against the following criteria:
 - Does it meet the objectives of the service
 - Does it meet the goals and strategy of the Service
 - Is the application considered a priority funding
 - If the application is considered beneficial
 - Any other criteria the Board of Directors consider relevant
- Funding decisions may also be impacted on the funds available.
- The final decision on funding is a discretionary decision of the Board of Directors of the Service.
- No right to appeal or review exists for any decision on funding applications.

Usual Conditions of Funding

The applicant should not expend any money until after receipt and acceptance of a funding agreement which will include the following terms:

- The applicant is responsible for all and any taxes, fees, fines and penalties that may be applicable as a result of a funding application.
- The applicant must provide satisfactory evidence of expenditure.
- I understand that the Service will only reimburse us for genuine costs that support the objectives of the Service.
- The Service may terminate a funding agreement if (in the opinion of the Board of Directors of the Service) for reasons including:
 - The applicant brings the Service into disrepute, or
 - There is a material change to the application
- The applicant will return to the service any funds not expended.
- The applicant is to acknowledge the Service for its support.

Checklist

Please attach the following documents:

- Complete all sections of this form.
- Attach a copy of: Organisation Constitution, Certificate of Incorporation (or equivalent).
- Attach evidence of costings / quotes / tax invoices (etc)
- Attach any letters of support / endorsements (if applicable)
- Sign form in section 8 by an authorised officer.
- Submit complete form and supporting information to us.

8. Declaration

- We wish to apply for funding from Life Saving Support Services Inc ("the Service") and I confirm that the information supplied on this form is true and correct.
- We agree to the Assessment Terms and Conditions of Funding detailed above.
- We understand that the Service has the right to refuse or reject my application for any reason.
- We authorise Officers of the Service to make any enquires it requires to consider my application, which may include obtaining further information from us, the Royal Life Saving Society, its officers and members, or any other person.
- We agree to abide by the Constitution, Rules and By-Laws of the Service and will follow all direction of the Board of Directors, Service Officers, or any person appointed by them.
- I will not hold the Royal Life Saving Society, the Service or any of its members or officers, liable for any loss or damage to me, through its negligence or not, whilst carrying out any activities associated with the Service.

I, the below named, am authorised to sign this form on behalf of the applicant Club, and confirm that the Club agrees to the terms and conditions contained on this form.

Signature of Office Bearer of Club

Name of Officer Bearer

Date: _____

Privacy Warning:

The Service respects your privacy. Information collected on this form will be used for the purpose of processing and administration your funding request. This information may be disclosed to relevant personnel and managers of the Service, the Royal Life Saving Society, our suppliers, contractors, affiliates and/or training partners. Please contact us if you do not agree with our privacy policy as we may not be able to process your request or provide our services to you. You will be able to access this information by contacting our Privacy Officer or Director of Administration.