



# APPLICATION FOR FUNDING

## MEMBER OF AFFILIATED CLUB

**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)

1. First, discuss your funding request with your Club Officers and seek their support.
2. Complete this funding request form in full and attach all supporting documents (quotes, letters of support, etc).
3. Have your Club President / Club Captain complete and sign the relevant section.
4. Forward the completed form to us for our consideration.
5. You should not consider that any funding is approved, until you receive written confirmation from us.

Service use only

Application No \_\_\_\_\_

### 1. Your Personal Details

Title		Surname		First & Other Names	
Address (Residential)				Email :	
Home Phone number		Date of Birth			
Work Phone number		Gender	<input type="radio"/> MALE <input type="radio"/> FEMALE		
Mobile Phone number					

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

- |   |                       |                       |
|---|-----------------------|-----------------------|
|   | <b>Yes</b>            | <b>No</b>             |
| Have you received funding from us before ?                                  | <input type="radio"/> | <input type="radio"/> |
| Has your membership of any life saving organisation every been terminated ? | <input type="radio"/> | <input type="radio"/> |
| Do you hold a current Blue Card (Child Safety) ?                            | <input type="radio"/> | <input type="radio"/> |
- Card Number \_\_\_\_\_ / \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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)

I wish to apply for funding for the following purpose:		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:	\$		
Date Commencement of project:		Date Completion of project:	

### 3. Funding Breakdown / Budget

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

### 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. Affiliated Club Confirmation

Club Officer to confirm, that the member: <input type="checkbox"/> is a current financial member of the Club; <input type="checkbox"/> is not under disciplinary action; <input type="checkbox"/> meets any requirements of the Club; and <input type="checkbox"/> that this application is supported by the Club.	Club Name: <input type="text"/>	Club President or Club Captain:  _____/_____/_____ Signature  _____ Name
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## 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 Club and service
  - Is the application considered a priority funding
  - If the application 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 me for genuine costs that support the objectives of Life Saving.
  - The Service may terminate a funding agreement if (in the opinion of the Board of Directors of the Service):
    - The applicant brings the Service into disrepute,
    - 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.
- Seek support of your application from you Club President or Captain, who needs to complete and sign section 6 of this form.
- Attach evidence of costings / quotes / tax invoices (etc)
- Attach any letters of support / endorsements (if applicable)
- Sign form in section 8
- Submit complete form and supporting information to us.

## 8. Declaration

- I 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.
- I agree to the Assessment Terms and Conditions of Funding detailed above.
- I understand that the Service has the right to refuse or reject my application for any reason.
- I authorise Officers of the Service to make any enquires it requires to consider my application, which may include obtaining further information from my life saving Club, its officers and members, or any other person.
- I 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 have read and understand the above declaration. I am signing of my own free will and in agreement of the above declaration.**

\_\_\_\_\_  
Signature of Applicant

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.