



APPLICATION FOR FUNDING under the Coolamon Shire Community Benefit Fund

APPLICANT:

NAME:

ADDRESS:

TELEPHONE:(w)(m)

EMAIL:

PROPOSED RECIPIENT:

NAME:

ADDRESS:

TELEPHONE:(w)(m)

EMAIL:

FAMILY:

PARTNERS NAME:

PARTNERS ADDRESS:

CHILDREN:

NAME: DOB:

NAME: DOB:

NAME: DOB:

EMPLOYMENT:

SELF:

PARTNER:

REQUEST/CIRCUMSTANCES:

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MONEY REQUESTED: (Note: A limit of \$5,000.00 applies)

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- 1) The Applicant confirms that they shall refund to the Community Benefit Fund any monies received to cover expenses as required above to be covered by the Community Benefit Fund:
 - i) Medicare.
 - ii) A Medical Fund.
 - iii) Any Government or non Government Scheme providing reimbursement of the expenses paid.
 - iv) Any compensation received to cover monies paid by the Community Benefit Fund.
 - v) Major fundraiser is held to the benefit of the funding recipient.
 - vi) Any payout received by way of an Insurance Claim or Compensation.
- 2) The Applicant confirms that they have made enquiries to ascertain whether there is any form of Government or non Government assistance and undertake to reimburse the Community Benefit Fund if such funds become available.
- 3) The Applicant confirms that they, their spouse or other members of the same household/family have insufficient funds to cover the costs of the assistance required.
- 4) The Applicant shall at the request of the Trustees complete a Statutory Declaration setting out a list of assets and liabilities.

SIGNED:

DATE: