

CITY OF BLACKTOWN RSL CLUB LIMITED

CLUBGRANTS SUPPORT PROGRAM

CATEGORY 2 APPLICATION FORM FOR 1 SEPTEMBER 2018 TO 31 AUGUST 2019 PERIOD

*Applications close Friday 30 November 2018 for consideration with the Sports, Grants & Community Committee*

**Please Note:** This application is for category 2 only. To determine if you qualify please refer to [www.clubsnsw.com.au](http://www.clubsnsw.com.au), Community Support, ClubGRANTS then ClubGRANTS guidelines.

**Category 1 Applications** should be directed to the Blacktown Local ClubGRANTS Committee, C/o Tony Barnden – Manager, Blacktown City Council PO Box 63 Blacktown NSW 2148. Phone 9839 6054.

**Category 2 Applications** complete this form and the ClubGRANTS Funding / Sponsorship Agreement for any cash support then **forward the signed form / agreement to:**

**The CEO, Blacktown RSL Club, PO Box 619 Blacktown NSW 2148.**

As per legislative requirements all successful recipients of cash amounts less than \$500 must forward to Blacktown RSL a receipt. Cash support between \$500 and \$5,000 will also require a written report from the recipient. Funding over \$5,000 in addition to the above will require you forward to Blacktown RSL a statutory declaration detailing the application of the funds at the completion of the project. A statutory declaration and progress report must be sent to Blacktown RSL if the project is not completed within the ClubGRANTS year ie by 31 August 2019. Where an individual grant for ClubGRANTS funding exceeds \$10,000 the Club must enter into a formal contract with the benefiting organisation.

Applicants requesting discounted / waiver of room hire fee only do not need to complete this form and should write to the CEO outlining details eg organisation's name / ABN, purpose of request and dates required if known, noting successful recipients must forward a letter of acknowledgement once utilised.

Date Submitted: \_\_\_\_\_ Signature: \_\_\_\_\_

Organisation Name \_\_\_\_\_

ABN, ACN or ARBN (as applicable) \_\_\_\_\_

Contact details (note that this person will be the principal point of contact and will also be the person responsible for ensuring contractual obligations are adhered to).

Name \_\_\_\_\_ Position (eg President, Secretary) \_\_\_\_\_

Address for correspondence \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Please tick the answer that applies to your organisation.

1. Is your funding request to benefit the Blacktown Area? (Organisations operating outside Blacktown are generally not eligible for funding)  Yes  No

2. Are you eligible to receive any government (local, state or federal) funding? (please include your organisations most recent Annual Report with your application)  Yes  No



3. ClubGRANTS legislation and guidelines aims to avoid 'double-dipping' where organisations receive funding from a number of clubs. Do you receive funds/support from other Clubs  Yes  No

If yes, state details of support / Club \_\_\_\_\_

4. Amount of cash support for which you are applying for from Blacktown RSL for the period 1 September 2018 until 31 August 2019

\$ \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Signature: \_\_\_\_\_

*If project is for equipment/capital funding that is over \$2,000. then 2 quotes should be submitted with this application form.*

*If cash support is successful and you would like payment via EFT please supply the following banking details alternatively a cheque will be drawn to the Organisation and posted to address as stated above.*

*EFT Payment Only: Account Name* \_\_\_\_\_

*Bank Institution* \_\_\_\_\_ *BSB* \_\_\_\_\_ *Account* \_\_\_\_\_

*Email Address (for notification of EFT Transfer)* \_\_\_\_\_

5. If request is not cash support then state the specific request and for what purpose

- Meal Vouchers  Raffle Prizes  
 Discounted Food & Beverage  Other (please specify) \_\_\_\_\_

Purpose of the Request: \_\_\_\_\_

(State Specifics of Request): \_\_\_\_\_

Supporting documentation, such as quotes or plans, recognition of Blacktown RSL support, aims and/or objectives of the project should also be attached.

For discounted room hire a list of proposed dates is required to be attached.

6. If successful state approximately the date that you require receipt of support (eg early March 2019).

**Also note: If successful all legislative requirements must be adhered to ie. receipt, letter of acknowledgement, statutory declaration or future funding may be jeopardised.**

### Membership

Number of \_\_\_\_\_  
(insert name of your organisation)

members who are also Blacktown RSL financial members \_\_\_\_\_

Please attach a list of Blacktown RSL financial members including names and membership number in the recommended format attached. *Note that this request does not violate privacy rules as the information is not being provided to a 3rd party for advertising purposes. We are asking you to confirm*



information about people who are already members of Blacktown RSL Club i.e. person about whom we already have information. Additional sheet for submitting membership information is attached and should be fully completed.

### Functions Activity

1. Does your organisation propose to hold any functions at this Club.

Projected functions activity (September 2018 – August 2019) ie. events where food & beverage purchases are anticipated (see example)

<b>Function Name &amp;</b>	Eg. Annual Presentation				
<b>Proposed Function Date</b>	01.10.2018				
<b>Estimated Attendance</b>	150				
<b>Total Estimated Catering Expenditure</b>	Eg. 150 x \$25. = \$3,750.				
<b>Estimated Beverage Expenditure</b>	Eg. 150 x \$10. = \$1,500.				

### Attachments checklist:

- Completed Blacktown RSL ClubGRANTS Cat. 2 application form
- Membership and functions information (as per application form)
- Supporting documentation eg quotes
- ClubGRANTS Funding / Sponsorship Agreement

### Applicants Membership Information

Blacktown RSL ClubGRANTS Cat 2. Program 2018-2019 (Add to / Photocopy form as required)

<i>Name (first &amp; last name)</i>	<i>Blacktown RSL Member Number</i>	<i>Name (first &amp; last name)</i>	<i>Blacktown RSL Member Number</i>