



**Brothers Helping Others
\$100,000
Community Grant 2024**



GRANT APPLICATION FORM

Before you can commence an application, you must read and understand the eligibility criteria and program guidelines.

Is the applicant a Not-for-Profit organisation? Yes No

Is the applicant a Kindred Club of Brothers Leagues Club Ipswich? Yes No

Is the applicant a Charity? Yes No

Is the organisation registered for GST? Yes No

Is the organisation Income Tax exempt? Yes No

ORGANISATION DETAILS:

Name of Organisation	
ABN	
Contact Person	
Position Held	
Phone Number (Mobile)	
Email Address	
Postal Address	
Suburb	Post Code
Bank Account Name	
BSB	
Account Number	

PURPOSE DETAILS:

State the purpose for which you are seeking funds **(Max 300 Words)**

Please outline your objectives/goals **(Max 300 Words)**

<p>Who will benefit (Max 300 Words)</p>	
<p>Approximate number of participants</p>	
<p>Start Date</p>	
<p>End Date</p>	
<p>Location</p>	
<p>Do you have a Risk Management Form</p>	
<p>Anticipated acknowledgment of funding opportunity. (e.g. Social media, website, other)</p>	

PURPOSE BUDGET:

Other Sources of fund/s for Project

\$ Funds coming in

Expenditure Description/s

\$ Cost of goods/services

Budget Totals

Total of Other Sources	\$	Total Expenditure Amount	\$
------------------------	----	--------------------------	----

SUPPORT DOCUMENTATION:

Please submit the following documentation as it relates to the purpose of your application:

- Quotes;
- Risk Management Plan (for events and larger programs);
- Permissions and Approvals (for facility upgrades);
- A copy of your latest Audited Financial Statement for the Organisation;
- A copy of your Organisation’s current Public Liability Certificate or Certificate of Currency;
- Certificate of Incorporation;
- List of Management Committee.

CERTIFICATION:

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (e.g., President, Chairperson, Treasurer, Secretary).

I certify that the information provided in this application is, to the best of my knowledge, true and complete, and that it accurately reflects the financial position of the applicant organisation. I authorise the release of the information contained herein to the appropriate Selection Committee, being the Board of Directors and I authorise the Board of Directors to make further enquiries where necessary. In addition, I agree to the conditions detailed in the Program Guidelines and the inclusion of details of the purpose of my application and photos in external marketing or publications.

Signature	
Name of Authorised Person	
Position	
Date	

Add in your e-signature above. If you are unable to add your e-signature, please print, sign, scan and email to communications@brothersipswich.com.au

PRIVACY STATEMENT:

Brothers Leagues Club Ipswich is collecting your personal information so that we can process your request for the Brothers Helping Others \$100,000 Community Grant 2024. We will not disclose your personal information outside of Brothers Leagues Club Ipswich unless we are required to by law or you have given your consent.