

## **Community Support Funding / Sponsorship**

## **Application Form**

Primary Contact Details- Title:	Name:		
Postal Address:			
Suburb:	State:	Postcode:	
Phone:	Fax:		
Email:			
Signature of Applicant:	n	ate:	
If your application for funding is	successful you will be requi	red to:	
<ul><li>Make an appropriate level of</li><li>Complete an evaluation form</li></ul>	acknowledgement of the fundir at the end of the project.	ng source.	
Has your organization received	d financial support from Strat	thfield Sports Club before? Y	ı
· -		thfield Sports Club before? Y	i
· -			I
If yes, in what year, for what purp	pose and how much?		I
If yes, in what year, for what purp	pose and how much?		1

ride, e.g. details of your event, service, product etc. In the case of sponsorship, what you are try chieve e.g. travel, competition fees, coaching etc)
fly summarise what your organization does (e.g. what is the purpose of your organisation, what cial groups are you involved with etc. For the purposes of Sponsorship, please summarise your ent status/ranking, your current coaching and training schedule etc.)
Questions 5-8 Inclusive Apply to Community Support Applications Only
at local need does your project address?

Who will be the main beneficiary/target group/client group for the project? Please be specific (e.g. me women, children with learning difficulties).
How will you monitor and evaluate this project?
Please state your ABN/GST status:
ABN: GST status
What is the total amount of funding / sponsorship you are seeking?
\$
ase provide your banking details:
Account Name:
BSB: Account No: