### **Application Form**



# **Senior's Group Application Form**

For not for profit Senior's organisations providing services/activities for Bayside residents aged 60 years and over

Applicant Information				
Name of Organisation				
Organisation Address				
Name of Applicant				
Applicant Address				
Phone Contact				
Email address				
Senior Organisation Information				
What is the aim of your Organisation?				
Where do the Organisation's activities occur?				
Do members pay to join the organsation and / or attend an activity?			□ Yes	□ No
If yes, please list the costs associated				
Description of activities: (frequency of activitiy, times, days, numbers in attendance, etc.)				
Eligibility Information				
Is your Organisation a not for profit, charity, association or community service organisation?			□ Yes	□ No
Are the majority of members residents of the Bayside local government area? Please attach evidence:				
Please list your ABN or ATO Registration number or attach a copy of the Organsiation's adopted Constitution				

#### Privacy Statement:

The personal information provided on this form will be managed in accordance with the Privacy and Personal Information Protection Act 1998.

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	Serving Our Community			
Financial Request				
Funds will be provided subject to availability and in accordance with the criteria outlined in the <i>Community</i>				
Grants and Donations Policy 2018				
Amount Requested:	\$			
Please briefly outline how the funds wil be u	ised:			
Payment Information				
Please provide Banking Details to assist prompt payment should your Application be successful.				
Bank / Financial Institution				
Account Name				
Account Name				
BSB:	Account No:			
Confirmation of Information				
I the undersigned certify that the information provided is true and correct.				
<ul> <li>I have read the Community Grants donations</li> </ul>	s and Donations Policy 2018 regarding Senior Groups			
<ul> <li>I have attached all requested inform</li> </ul>	nation			
Name of Applicant (Print)				
Position in Organisation:				
Signature:	Date:			
Oignature.	Date.			
Forward your application to:				
Mail: Manager Community Life				
Bayside Council PO BOX 21 Rockdale NSW 2216				
Email: grantsanddonations@bayside.nsw.gov.au				
In Person: Bayside Council Customer Service Centres				
O Westfield Eastgardens, 152 Bunnerong Road, Eastgardens				
O Rockdale Council Building, 444-446 Princes Highway, Rockdale				
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