## **COMMUNITY SUPPORT FUND - APPLICATION QUESTIONS**



1. DATE OF SUBMISSION:	2. NAME OF ORGANISATION:				
3. CONTACT NAME:	4. TITLE:    Miss   Ms   Mrs   Mr	Mx Other:	5. EMAIL:		
6. ADDRESS:	7. PHONE:				
8. NAME OF THE ORGANISATION CHAIRMAN / PRESIDENT / OTHE		ECTOR OR CEO /	9. TITLE / POSITION:		
10. IS THE ORGANISATION A NON-PROFIT ORGANISATION?		11. NUMBER OF YEARS THE ORGANISATION HAS BEEN IN EXISTENCE:			
12. WHAT GEOGRAPHIC AREA (SUBURBS ETC) DOES YOUR ORGANISATION SERVE?		13. YOUR WEBSITE:			
14. WHEN WAS YOUR GROUP FORMED?		15. HOW MANY MEMBERS DOES YOUR ORGANISATION HAVE?			
16. IN WHAT VENUE OR FACILITY	DOES YOUR GRO	OUP HOLD ITS REGU	ILAR ACTIVITIES OR MEETINGS?		







## **APPLICATION QUESTIONS - CONTINUED**

17. WHAT IS YOUR GROUP'S STATEMENT OF PURPOSE, OR, WHAT IS THE ROLE OF THE GROUP? WHAT ARE YOUR OBJECTIVES?						
18. HOW WILL THE FUNDS BE USED?						
19. DESCRIBE HOW THE ORGANISATION MEETS THE MISSION OF THE SANDOWN COMMUNITY GRANTS FUND IN PROVIDING QUALITY PROGRAMMING IN THE AREAS OF HEALTH, EDUCATION, RECREATION AND CULTURAL ENHANCEMENT IN THE CITY OF GREATER DANDENONG:						







## **APPLICATION QUESTIONS - CONTINUED**

20. DESCRIBE THE SERVICES/PROGRA	AMS PROVIDED BY	OUR ORGANIZATIO	ON:	
I. HIGHLIGHT PRIMARY OUTCOMES	ACHIEVED BY YOUR	ORGANISATION:		
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1-(03) 05/18 3/55			*	2)
1: (03) 9548 3655				EST 2014

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## **APPLICATION QUESTIONS - CONTINUED**

22. HAVE YOU EVER BEEN FUNDED BY THE SANDOWN COMMUNITY SUPPORT FUND?	23. AMOUNT OF FUNDING REQUESTED:				
☐ YES ☐ NO					
24. COMMENCEMENT DATE:	25. COMPLETION DATE:				
26. WHAT IS THE TOTAL COST OF THE ACTIVITY OR PROJECT?					
27. LIST A BRIEF HISTORY OF YOUR ORGANISATION OVER THE LAST 5 YEARS:					
28. LIST ANY OTHER ORGANISATIONS THAT YOUR GROUP IS AFFILIATED WITH:					

PLEASE COMPLETE THIS FORM AND SEND IT TO ADMIN@GREYHOUNDSENTERTAINMENT.COM.AU ALONG WITH A COPY OF YOUR MOST RECENT MINUTES AND FINANCIAL STATEMENTS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT:

PHONE: (03) 9548 3655
EMAIL: ADMIN@GREYHOUNDSENTERTAINMENT.COM.AU





