

DATE:	

NAME OF COMMUNITY GROUP/ ORGANIZATION:		
COMMITTEE/ CEO:	PHILLIP ISLAND RSL MEMBERSHIP NUMBER	
resident:		
Secretary:		
reasurer:		
Committee:		
Committee:		
NUMBER OF MEMBERS IN YOUR ORGAN	IIZATION:	
NUMBER OF RSL SERVICE MEMBERS IN	YOUR ORGANIZATION:	
	YOUR ORGANIZATION:	
NUMBER OF RSL SERVICE MEMBERS IN WHAT IS YOUR ORGANIZATION PURPO	YOUR ORGANIZATION:  SE?	
NUMBER OF RSL SERVICE MEMBERS IN WHAT IS YOUR ORGANIZATION PURPO	YOUR ORGANIZATION:	
NUMBER OF RSL SERVICE MEMBERS IN WHAT IS YOUR ORGANIZATION PURPO	YOUR ORGANIZATION:  SE?	
NUMBER OF RSL SERVICE MEMBERS IN WHAT IS YOUR ORGANIZATION PURPO  S THE APPLICANT INCORPORATED?  Yes No Incorporation Numb  DO YOU HAVE AN ABN?	YOUR ORGANIZATION:  SE?	
NUMBER OF RSL SERVICE MEMBERS IN WHAT IS YOUR ORGANIZATION PURPO  S THE APPLICANT INCORPORATED?  Yes No Incorporation Numb  DO YOU HAVE AN ABN?	YOUR ORGANIZATION:  SE?  er:	



## DETAILS OF PERSON MAKING APPLICATION (PLUS NAMES OF OFFICE BEARERS IF APPLICABLE):

Name(s):				
Phone:	Email:			
GRANT PROJECT PROPO	SAL			
TITLE OF THE PROJECT:				
OVERVIEW OF WHAT YOUR APPLICATION IS ALL ABOUT:				
WHO WILL BE MANAGING THE PROJECT:				
WHAT IS THE TOTAL COST OF THE PROJECT?				
WHAT IS THE AMOUNT OF GRANT SOUGHT?				
IS YOUR GROUP CONTRIBUTING ANY FUNDS TOWARDS THE PROJECT, AND WOULD YOU ACCEPT				
PARTIAL FUNDING?				
HAVE YOU REQUESTED FUNDING FOR YOUR PROJE YOU REQUESTED?	ECT, FROM ANY OTHER SOURCES? IF SO, HOW MUCH HAVE			
Yes No Amount requested:				
IS YOUR PROJECT FUNDING REQUEST FOR WORKS TO BE COMPLETED ON A BUILDING OR LAND OWNED BY LOCAL OR STATE GOVERNMENT?				
Yes No If yes, please provide details:				
IS THIS PROJECT TO SUPPORT THE PHILLIP ISLAND/ SAN REMO REGION?  Yes No				
COMMENCEMENT DATE OF PROJECT:				
ANTICIPATED COMPLETION DATE OF PROJECT:				
	ermission to discuss this application with external reviewers			
SIGNATURE:	••			
	DATE:			



## PHILLIP ISLAND RSL

WHAT PROMOTION WOULD THE PHILLIP ISLAND RSL RECEIVE IN RETURN FOR THE GRANT? (I.E. MEDIA SUPPORT, PROMOTIONAL ACTIVITIES, SIGNAGE ETC.)			
WOULD YOUR ORGANIZATION BE ABLE TO SUPPORT TO DAY, APPEALS, REMEMBRANCE DAY & POPPY SELLING,			
Yes No			
HAVE YOU PREVIOUSLY RECEIVED SPONSORSHIP FRO  Yes No If yes, please provide details:			
SIGNATURE:	POSITION:		
	POSITION:		
	ON BEHALF OF:		
DATE:			
NOTE:			
Have you read grants Eligibility & Grant Criteria?	Accounts will be paid by the PIRSL on presentation of invoice.		
<ul> <li>Applications will be considered in May and must be lodged by 5th May 2025</li> </ul>	<ul> <li>Applications can be mailed to The Secretary, Phillip Island RSL, PO Box 503, Cowes 3922, or emailed to secretary@pirsl.com.au</li> </ul>		
<ul> <li>If granted, a condition of receiving funding is that a cheque presentation and photo opportunity will be made, and representatives must attend the PIRSL function to receive funds.</li> </ul>	<ul> <li>An acquittal form must be completed and submitted within the financial year of the grant. We will send this form on date of completion on this form.</li> </ul>		
Invoices for Grants must be in before June 9th, 2025			
OFFICE USE ONLY			
RECEIEVED BY:	DATE:		