

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 organisation and / or attend an activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the costs associated	
Description of activities: (frequency of activity, times, days, numbers in attendance, etc.)	
<hr/> <hr/>	

Eligibility Information	
Is your Organisation a not for profit, charity, association or community service organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Organisation's adopted Constitution	

Privacy Statement:

The personal information provided on this form (including your name and other details) will be handled in accordance with the Privacy and Personal Information Protection Act 1998 and may be available under various legislation. Refer also to the Privacy Statement on Council's website.

Financial Request	
Funds will be provided subject to availability and in accordance with the criteria outlined in the Community Grants and Donations Policy 2018	
Amount Requested (Limit \$500)	\$
Please briefly outline how the funds will be used:	
<hr/> <hr/> <hr/>	

Payment Information	
Please provide Banking Details to assist prompt payment should your Application be successful.	
Bank / Financial Institution	
Account Name	
BSB:	Account No:

Confirmation of Information	
<ul style="list-style-type: none"> <input type="radio"/> I the undersigned certify that the information provided is true and correct. <input type="radio"/> I have read the Community Grants and Donations Policy 2018 regarding Senior Groups donations <input type="radio"/> I have attached all requested information 	
Name of Applicant (<i>Print</i>)	
Position in Organisation:	
Signature:	Date:

Forward your application to:
<p>Mail: Manager Community Life Bayside Council PO BOX 21 Rockdale NSW 2216</p> <p>Email: grantsanddonations@bayside.nsw.gov.au</p> <p>In Person: Bayside Council Customer Service Centres</p> <ul style="list-style-type: none"> <input type="radio"/> Westfield Eastgardens, 152 Bunnerong Road, Eastgardens <input type="radio"/> Rockdale Council Building, 444-446 Princes Highway, Rockdale