COMMUNITY GRANTS APPLICATION FORM

Name of community group:_____

Contact person:_____

Position held in group:_____

Email address:_____

Phone number:_____

Description of fund request: Please attach a description meeting each of the Grant Selection Criteria listed in the information sheet. (Maximum 1 page)

Amount requested:_____

Latest date the funds are needed:_____

Bank account details for electronic funds transfer

Account name:_____

BSB:_____ **Account Number:**_____

NB: All information received on applications will be treated as confidential.

Signed by (applicants under 18 must have a parent/guardian co-signature)

Name:_____ **Name:**_____

Signature:_____ **Signature:**_____

Date:_____ **Date:**_____

The Robertson Burrow Community Op Shop Incorporated / 98 220 171 397

Facebook: The Robertson Burrow Community Op Shop

Instagram: @theburrow26

Please send completed application to; grants@therobertsonburrow.org.au