

**A. APPLICANT DETAILS**

1. GROUP/ORGANISATION NAME: LIONS CLUB OF GEORGE TOWN  
 2. POSTAL ADDRESS: P.O. Box 195  
GEORGE TOWN 7253  
 3. CONTACT PERSON - Name: DORÉEN COOK  
 Telephone: Home: 0363821296  
 Business: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_  
 Email: glions@bigpond.com

4. Outline the aims and objectives of your group:

TO RAISE FUNDS & SUPPORT THE  
W.P. HOLMAN CLINIC, (NORTH)

5. What is your legal status as an organisation (tick one):

Company limited

Incorporated association

Statutory body

Unincorporated group

GST exemption form enclosed

or

ABN 356 30892863

6. Details of previous Council grants:

Year	Project Description	\$
2011	COUNTRY MUSIC FESTIVAL	HIRE HALL
2012	" " "	COSTS
2013	" " "	

7. How long has your organisation been operating? 45

8. Number of active members: 22

9. What sections of the community benefit directly from your organisation?

THE COMMUNITY OF GEORGE TOWN  
DISABLED, YOUTH, SENIOR CITIZENS  
AS WELL AS HEALTH ORGANISATIONS

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**B. DETAILS OF PROJECT:**

1. PROJECT TITLE: COUNTRY MUSIC FESTIVAL

2. DESCRIPTION OF PROJECT: THIS EVENT IS TO BE A COUNTRY MUSIC FESTIVAL RAISING FUNDS FOR OUR CHARITY.

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3. PLANNED COMMENCEMENT DATE: MARCH 30<sup>TH</sup> 2014

4. PLANNED COMPLETION DATE: " "

5. What need is being met by this project?  
W. P. HOLTMAN CANCER CLINIC. WHERE WE AIM TO HELP & PROVIDE EXTRA FUNDS FOR OUR LOCAL & OTHERS ATTENDING THIS CLINIC.

6. How did you establish this need?  
BY THE CLUB HAVING PERSONAL & INVOLVED CONTACT THROUGH MANY PEOPLE BEING TREATED AT THIS FACILITY.

7. a. Estimate how many people will directly benefit from this project? MANY  
b. If this is an event, how many people do you expect will attend? OVER 200

8. What will be the short and long-term benefits of your project to the George Town community?

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9. DESCRIPTION OF ASSISTANCE SOUGHT FROM COUNCIL:  
REIMBURSEMENT FOR HALL HIRE ARTISTS EXPENSES STATIONARY & ADVERTISING

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10. AMOUNT APPLIED FOR (IF APPLICABLE): \$980.

**C. PROJECT MANAGEMENT**

1. Who is managing the project? (if there is a steering committee, please list their skills and experience).

LION DOROTHY SWEET (FORMER  
PRESIDENT OF LIONS GEORGETOWN  
& MEMBERS OF OUR CLUB

2. How will you involve the community in this project?

OUR FESTIVAL IS OPEN TO MEMBERS  
OF THE COMMUNITY BY PAYMENT OF  
ENTRY FEE ALSO LOCAL ARTISTS WILL  
HAVE AN OPPORTUNITY TO PERFORM AT  
FESTIVAL.

3. How will the project be monitored and evaluated?

LIONS CLUB WILL MONITOR ACCORDING  
TO BUDGET & ACTION PLAN

4. Will the project be ongoing?

Yes/No

If so, how do you propose to maintain funding levels?

WILL BE SELF FUNDING

5. Describe how you will acknowledge Council's assistance:

ANNOUNCEMENT ON DAY OF FESTIVAL

AND ALSO ADVERTISING ON  
PRINTED MATERIAL.

ATTACH DETAILS OF YOUR CLEAN-UP PLAN IF YOU ARE  
REQUESTING ASSISTANCE FOR AN EVENT.

CLEANING OF HALL WILL BE  
UNDERTAKEN BY LIONS MEMBERS  
IMMEDIATELY AFTER EVENT.

**D. PROJECT BUDGET**

Please complete the budget page below to account for all costs for your project. Include income and expense items according to your needs under the headings given. Include a copy of quotations for materials and/or from service providers where applicable.  
 (Attach extra pages if necessary)

1.

Expected Income (eg Sales, Fees, Other Government Grants, Cash Savings, Donations, etc)	\$
DOOR SALES	2000
ETC	
RAFFLE	500
ALCOHOL &	
FOOD PURCHASE	1500
<b>Total Income:</b>	<b>\$ 4000</b>

Expected Costs (eg Wages, Venue Hire, Materials, Postage, Advertising, Equipment Hire, etc)	\$
VENUE HIRE	
ADVERTISING	
PRINTING	
OPERATIONAL COSTS	
<b>Total Costs:</b>	<b>\$</b>
<b>Project Shortfall:</b>	<b>\$</b>
<b>Grant Requested:</b>	<b>\$ 980</b>

2. Please detail other funding, support or sponsorship you have sought or will seek for this project. Please indicate the source, the amount and if this support is confirmed.

Name of Funding/Sponsorship Body	Amount Requested	Amount Received/Committed

3. Please detail the nature and level of in-kind support your community group is contributing to this project.

VOLUNTEER LABOUR  
 FROM CLUB

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**E. OTHER**

Are there any further comments you wish to make in regard to this application?

THIS IS OUR EIGHTH YEAR & WE  
HAVE DONATED TO MANY PROJECTS  
BEING PROSTATE CANCER RESEARCH,  
G.T. HOSP. FLYING DRS., CHIFFORD CRAIG  
& HEART FOUNDATION

**F. TAX STATUS**

Are you/your organisation registered for Goods & Services Tax (GST)?  YES  NO

Do you/your organisation have an Australian Business Number (ABN)?  YES  NO

If YES, please provide your ABN: 356 3089 2863

If NO, you may need to complete a 'Statement by a Supplier'. We will contact you if a statement is needed.

*I declare that I am authorised to submit this application on behalf of the applicant group.*

Your Name: DORIEEN COOK

Signature: D.Y. Cook

Position Held: SECRETARY

Date: 6. 2. 2014

**NO FURTHER ACTION WILL BE TAKEN TO PROCESS YOUR APPLICATION IF THE CORRECT INFORMATION HAS NOT BEEN PROVIDED, INCLUDING:**

- a. Written evidence of incorporation or of your Group's relationship with another incorporated body;
- b. Most recent audited financial statement;

- c. Written quotations for ALL materials and services;
- d. A copy of your Clean Up Plan (for events);
- e. Written evidence of other community or government grants (where applicable);
- f. All previous grants from Council have been acquitted.

**Please forward your application to:**

**George Town Council,  
P.O. Box 161,  
GEORGE TOWN 7253**