

COMMUNITY ASSISTANCE PROGRAM



SECTION 1 | Applicant

Organisation Information

This form, "Applicant" refers to the entity being considered as a LIBERTY Bell Bay community support recipient

Legal Name of Applicant: <small>Including any suffix (Pty Ltd, Inc etc)</small>		
Full Address: <small>(Principal place of business and address for purposes of communications with LIBERTY Bell Bay)</small>		
Website:		
ABN:		
Application Representative: Name: Position:		
Applicant Representative Contact Details Email: Direct Telephone:		
Provide a summary of the Applicant (organisation, group, club, committee), including its mission statement:		
Type of organisation: <small>As per current ABN registration</small>		
Is the Applicant registered for GST? <small>Tick</small>	YES <input checked="" type="radio"/>	NO <input type="radio"/>

Organisation Ownership and Management

Is the Applicant government or state owned or controlled?	YES OR NO <small>Please Circle</small>	If yes. provide details
Do any individuals hold or own any shares or other interests (directly or indirectly) in the Applicant such that they are an ultimate beneficial owner of the Applicant?	YES OR NO <small>Please Circle</small>	If yes. provide details
In the past 5 years, has the Applicant (including any director, board member, or member of the Applicant's senior management team) been the subject of any investigation, allegation or prosecution for corruption, bribery, fraud, false	YES OR NO <small>Please Circle</small>	If yes, provide details and include attachments:

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accounting, tax evasion or other related serious conduct?		
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Provide the names of all executives, directors, board members and ultimate owners of the Applicant (attach a list where necessary).

Name:	Position Title:

Provide the Applicant's bank details (this will be used should the application be successful).

Note: this question is not required for Matched Giving Charities.

Bank and Branch:			
Account name:			
BSB Number:		Account Number:	
Authorised signatories: (include full name and position)			

Government Official Declaration

For the purposes of this application, "Government Official" includes:

- (i) any officer or employee of a government or public international organisation or any department or agency thereof, or any government-owned or controlled entity (including any state owned enterprises) (e.g. local government employee, State school teacher);
- (ii) any person acting in an official function or capacity for a government or public international organisation (eg. local government councillor);
- (iii) any political party or party official, or political office candidate.
- (iv) any individual who holds or performs the duties of an appointment, office or position created by custom or convention, including potentially some tribal leaders and members of royal families; and (v) any person who holds themselves out to be the authorised intermediary of any of the above.

For the purposes of this application, "Close Relative" includes a spouse, partner, parent, step-parent, child, step-child, sibling, step-sibling, nephew, niece, aunt, uncle, grandparent, grandchild and partner of any of these.

Is any officer, director, ultimate beneficial owner or employee of the Applicant a: 1. Current or past Government Official? 2. Close Relative of a Government Official?	<input checked="" type="radio"/>	YES	If yes, provide details. including full name of government entity and position, responsibilities, dates of service (current and past), the relationship (for Close Relatives).
	<input type="radio"/>	NO	

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SECTION 2 | Project Details

Project Name:				
Start and end date of project / expected timeframe to undertake the activity:				
<p>Describe the activity for which the support is being requested:</p> <ul style="list-style-type: none"> • what need does this activity address? • why should LIBERTY Bell Bay support this activity? 				
<p>What amount of support is requested? (LBB 3 grant categories \$2,500, \$5,000 or \$10,000):</p>	LBB Financial Amount	\$	In Kind Support	\$
<p>Detail how this support will be used. Please attach a full itemised budget and quotes where applicable. Include other anticipated income (ie other avenues of financial support including grants & donations) and the full expenditure of the project.</p>				
<p>Select which communities will benefit from the support requested from LIBERTY Bell Bay? (Tick)</p>			East Tamar Region	
			West Tamar Region	
			Other	
<p>Select which focus area will the proposed project address? (Tick)</p>			Building capacity to support health and wellbeing programs and activities	
			Promoting social inclusion through sport and recreation activities	
			Indigenous Education through cultural activities	
			Improving environment, conservation, and biodiversity outcomes	
<p>What will be the lasting impact of this activity for the community?</p> <p>Provide attachments if necessary.</p>				

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<p>How will LIBERTY Bell Bay's support be recognised?</p>		
<p>Will any Government Official (or Close Relative of a Government Official) personally benefit beyond other members of the community if LIBERTY Bell Bay supports this application?</p>	<p>YES OR NO Please Circle</p>	<p>If yes, please explain</p>
<p>Are any third-party vendors being engaged to assist in delivering the activity?</p>	<p>YES OR NO Please Circle</p>	<p>If yes, provide details</p>
<p>Has the Applicant, project or activity received support from LIBERTY Bell Bay previously?</p>	<p>YES OR NO Please Circle</p>	<p>If yes, provide details</p>

SECTION 3 | Legal Declaration

<p>The lead person in the Applicant organisation (e.g. chairperson, director, CEO) must complete and sign this section</p>	
<p>I, being duly authorised to execute this form and to certify as to the matters set forth herein, certify that all information is complete and correct.</p>	
<p>Name and Title:</p>	
<p>Signature of duly authorised officer:</p>	
<p>Date:</p>	

Please submit completed and signed forms via email only. If you cannot electronically sign this PDF, please print a copy, sign by hand and email a scanned version along with this electronic form to: