

SHIRE OF KONDININ

APPLICATION FOR COMMUNITY CHEST FORM

Local Government Act 1995, (Financial Mangement) Regulation 1996
(Rules Of Conduct) Regulations 2021



Please ensure you have read the Community Chest Guidelines before completing this application

Application Round (March-April or November-December)

Which Round and Year?

Has your organisation recieved
community chest funding
within this financial year

☐ No

☐ Yes

If yes Amount Recieved

Group/ Club Name

Residential Address

Postal Address
(If different from above)

Preferred Contact Name

Role within the group
(eg. Secretary)

Contact Number

Email Address

Alternate Contact Name

Role within the group
(eg. Secretary)

Contact Number

Email Address

Group ABN

Does your group have
public liability
insurance?

☐ Yes (please attach a copy of Certificate of Currency)

☐ No (You will need an Auspicing Organisation to apply for Community
Chest Funding that has a certificate of Currency)

Is your group
incorporated?

☐ Yes

☐ No (please provide the name of Auspicing Organisation)

Is your group registered
for GST?

☐ Yes

☐ No

An Invoice/Tax Invoice will be required to acquire any successful Community Chest funds

Activity/Item Details

Describe activity or item this request is for and community benefit.
attach a separate sheet if necessary.

Declaration

I/We declare that all details in this form are true and correct.

*Name of
Representative of
Community Group*

Signature

Date

Approval

CHIEF EXECUTIVE
OFFICER HAS
ASSESSED AND
APPROVED FUNDING
UP TO \$500

Yes

No

Signature
of CEO

Date