



MALENY CREDIT UNION

CHARITABLE TRUST FUNDING REQUEST

Bunya House, 28 Maple St, Maleny Q 4552 Mail: PO Box 1099, Maleny Q 4552

APPLICANT DETAILS

Name of Organisation

Postal Address

State

Postcode

Street Address

State

Postcode

Name of the Treasurer of your organisation

Contact Person for this project

Position

Contact phone

Contact Mail

(statutory body, cooperative, company, incorporated association, other - documentation may be required)

Legal status of your organisation

ABN (if applicable)

Is your organisation registered for the GST?

Is your organisation a registered deductible gift recipient?

What year was your organisation established?

Number of members in your organisation

How will the grant benefit the community?

Any further information about your organisation that should be considered?

PROJECT

Provide a short description that succinctly explains the nature of your project including:
(1) Description (2) Expected Outcome (3) Project Manager (4) Project Time Frame

PROJECT COST, FUNDING AND TIME FRAME

Please list the estimated project cost:

Total estimated cost	\$
Maleny Credit Union's Charitable Trust funding sought	\$
Other funding sought	\$
Proposed start date	
Estimated completion date	

If successful, would the Charitable Trust grant be sufficient to complete your project?

If Charitable Trust could only partly fund your project, would it still be able to proceed?

What other funding is available for your project? What have you applied for or received?
If outcome is not yet known, write "unknown" in approved column.

Name of funding body	Amount sought	Approved
	\$	\$
	\$	\$
	\$	\$
	\$	\$

PLEASE NOTE: Funding may be sought over a number of years for larger, staged projects. Separate applications must be made in each year of funding sought. Further information may be requested for projects requesting over \$250.00 of funding.

DECLARATION The information provided is fair and correct. I agree to abide by the terms and conditions of funding as stated on the website www.mcu.com.au
(to be signed by the financially responsible person from your organisation and one other member of your organisation)

Name:

Date:

Name:

Date:

signature

signature