

LOCAL COMMUNITY EVENT CATERING ASSISTANCE GRANTS

APPLICATION FORM

Name of organisation holding the event (if applicable)	
ABN Number - (if your group does not have an ABN please provide details of a registered group which is willing to receive the grant cheque on behalf of your group).	
Contact person's: <ul style="list-style-type: none">• Name• Phone• Mailing address• Email or Fax	
Please provide a brief description of the event.	
Tell us what you hope to achieve with this event.	
Location where the function will be held.	
Date and time of function.	
Please provide event budget.	
Please advise the name and contact number for the person from whom permission to use the space has been sought.	
Please identify amount of the one-off grant sought (maximum grant is \$200).	
Any other information you would like to add in support of your application	

- I agree to acknowledge the Community Relations Commission and the Redfern-Waterloo Authority in all advertising and promotion relating to the event/function.
- I agree to provide a financial acquittal of the grant and a brief report on the event within 12 weeks of the event.

Signature

Name (please print)

Contact phone number