



COMMUNITY FINANCIAL ASSISTANCE PROGRAM

Annual donation for assistance with rates & charges or public liability insurance for community organisations

Application Form

Name of organisation:	
Legal status: <i>(e.g. Incorporated Association. Council may request a copy of the constitution)</i>	
Postal Address:	
Contact person:	Name:
	Position:
	Telephone:
	Email:
Public Liability Insurance <i>Attach a copy of your current public liability insurance.</i>	

Under the Community Financial Assistance Policy, Council will provide the following levels of assistance:

Type of assistance	Amount
Public liability insurance	(i) reimbursement of 100% of the premium up to \$1,000 pa; and (ii) reimbursement of 50% of the premium exceeding \$1,000 up to a maximum grant of \$2,000 pa
Property rates and charges	as per Assessment Notice

I the undersigned **HEREBY DECLARE** that the information provided in this application is complete and accurate.

Signature:

Print name:

Date: