

Trinity Heights Shopping Centre
Local Give Back 2024 Application Form

Organisation/Group Name: _____

This form is to be used for applications for **community organisations, groups and not-for-profit organisations only.**

Organisation/Group Name:	
Contact Person Name:	
Position:	
Address:	
Phone:	E-mail:
Website or social media:	ABN:
<u>Eligibility Checklist:</u> <ul style="list-style-type: none">• Is your organisation registered in Australia?• Are you registered with the Australian Charities and Not-for-Profits Commission (ACNC)?• Are you a local government-funded facility (such as a school or childcare centre) seeking funding for a program that furthers 'charitable purpose'?	

Applications close Friday, 19th April 2024

Please submit applications to:
info@hgproperty-services.com.au

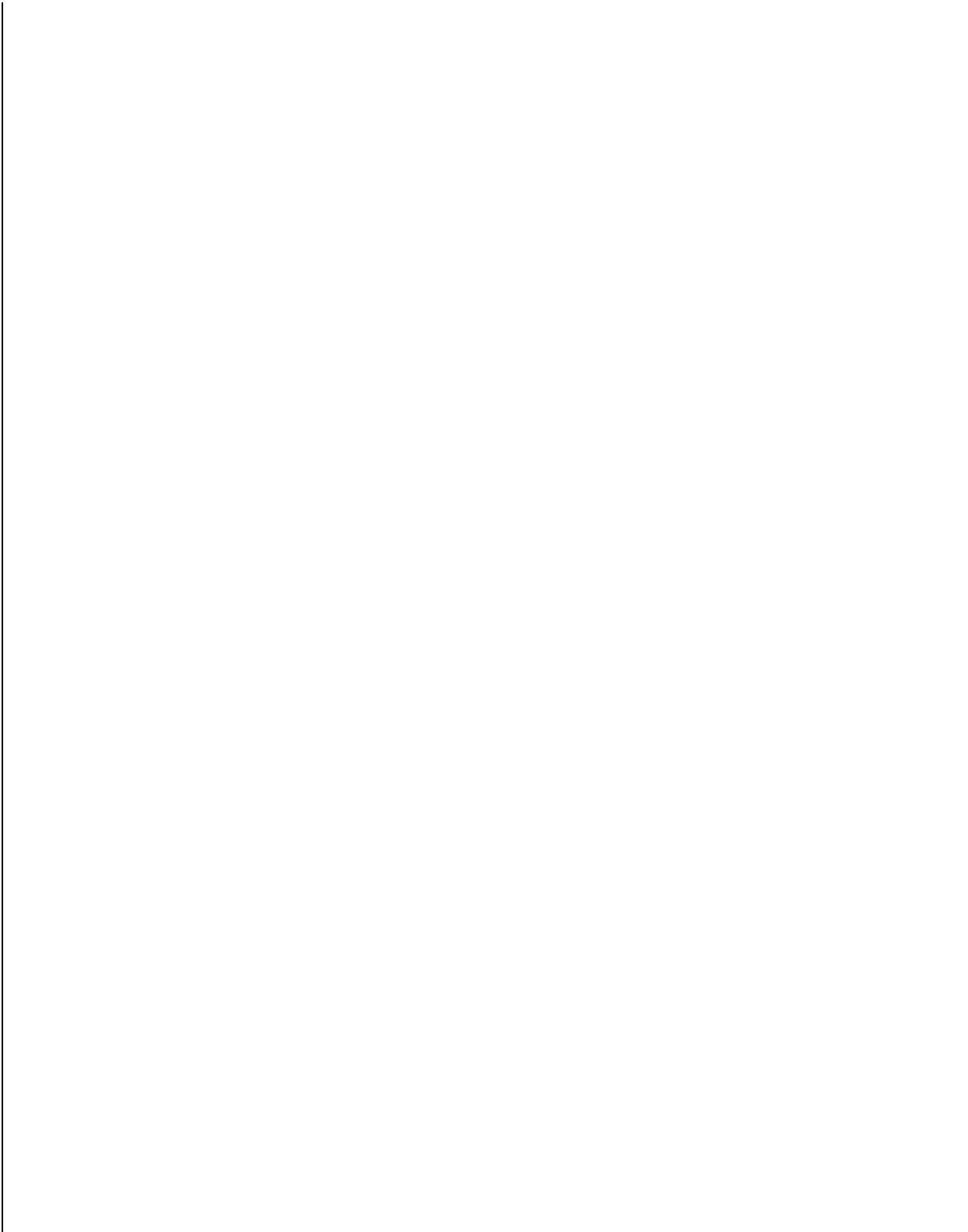
HG Property Services Pty Ltd ABN 85 113 704 680

Telephone 07 3221 9499 **Facsimile** 07 3221 9455 **Email** info@hgproperty-services.com.au

Address Level 14, 241 Adelaide Street, Brisbane, QLD 4000 **Postal** GPO Box 7007, Brisbane QLD 4001

www.hgproperty-services.com.au

What is the length of time your community-based organisation or group has existed:
Please state the mandate, mission or purpose of your organisation/group:
Please describe what this grant will assist with and/or achieve:
Please check off what the funding will be used for: <input type="checkbox"/> Special Project <input type="checkbox"/> Building/Infrastructure <input type="checkbox"/> Operating Costs <input type="checkbox"/> Development <input type="checkbox"/> Program/Curriculum <input type="checkbox"/> Materials
Please describe how the funds will be utilised and the expected project timeframe/timeline - (project description in 1,000 words or less):



What other community support do you have for this project or activity? Please describe funding partnerships, in-kind services, volunteers or any other assistance received to date or proposed for the future.

How will Trinity Heights Shopping Centre be recognised for our contribution to your organisation, group or team:

Funding

Please provide the applicant's bank account details for the receipt of this grant, if successful.

Account Name	
BSB Number	
Account Number	

Declaration

I declare that:

- The information contained in this form is true and accurate.
- I have read, understood and agree to abide by the Program Terms and Conditions.
- I have read, understood and agree to the Program Terms and Condition, should this application be successful.
- I agree to completing and submitting the supplied acquittal form for this funding if this application is successful.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this application.
- I give consent to HG Property Services to make public the details of this application during the grant selection process.
- I am authorized to make this application on behalf of the organisation named herein.

I understand and agree to the declaration above

Title / Position	
First Name	
Surname	
Position	
Telephone	
Date	

Print Name of applicant

Signature of applicant

*Please attach any supporting relative images that may assist with your application to your email.