

Application for Financial Assistance - Organisation or Institution

Completion of ALL QUESTIONS on this form is essential

1. Name of organisation / institution:

2. Address:

Suburb: Post Code:

Contact:

Position:

Phone: Mobile: Fax:

Email:

3. Please provide a brief description of your organisation / institution and the date it was established:
(Geographic location, financial situation, general information, etc.)

4. Number of children catered for:

5. Age range:

6. Number of children with disability, if applicable:

7. Eligibility/Disability:

8. Type of equipment / assistance required:

9. If the request is for goods and is needed for an integrated student/s, who would use it when they no longer require it or when they leave the school?

10. Net amount required: \$ GST:\$

Please attach three (3) current quotes OR proposed budget.

11. Does your organisation have a fundraising department? Yes / No

12. If so, what is your annual revenue from fundraising? \$

13. Are these funds accessible to your department/project/area? Yes / No

Please attach a copy of your most current annual report or financial statements.

14. Are you able to make financial contribution towards the cost: Yes / No
If yes, \$

15. Has Variety assisted your organisation previously? Yes / No
If yes, \$ Date

Nature of appeal:

16. Have you approached any other charities or community groups for financial assistance?
(please provide details)

17. Please indicate if our funding is dependent on funding from other organisations:

18. If your appeal is approved, how will you acknowledge Variety's contribution? (newsletter, presentation, PR)

19. We give our consent for Variety to generate publicity: Yes / No

Privacy collection statement

Your privacy is respected by Variety. Personal information on this form will be used to assess your eligibility or for the administration of our financial assistance program. It may be provided to organisations that assist us, or as required or authorised by law, but we will not use any of your information for marketing purposes without your prior consent.

I consent to Variety using the information provided on this form. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from Variety.

Signature:

Print Name: Date:

IMPORTANT

- Only completed forms will be processed
- Faxed applications are not accepted

Check List

Please the boxes if attached:

- Completed application form
- Three (3) current quotations or proposed budget included
- Annual report or financial statements
- Signed privacy collection statement

Please mail correspondence to:
Variety, the Children's Charity, PO Box 1235, MARLESTON SA 5033

Once your application has been received, Variety SA will send you a confirmation letter with an appeal number for your reference.
If you do not receive this letter within 10 days, please contact our office to check that your application has been received.