



Who will be the main beneficiary/target group/client group for the project? Please be specific. (e.g. men, women, children with learning difficulties)
Men
Women
Children
Family Groups
Disadvantaged Individuals
Sporting Groups
Educational Programs
Other
Is this program, project or service already assisted by an existing local, State, or Commonwealth Government funding program? Yes No
If yes , please give details:
Has your application been supported by any other community organisations (i.e. other clubs) or do you intend to work in partnership with any other organisation or club on this project? Yes No
What is the total amount of Club Grants funding you are seeking for this application?
Will your project still be viable if you receive Club Grants funding less than the requested amount? Yes No
What is the proposed commencement date and completion date for the project?
Commencement Date:
Completion Date:
Is the expenditure on community development and support to be applied outside Bankstown LGA? Yes No
Is your organisation a non-profit organisation? Yes No

Please fill out this form and direct all correspondence to the General Manager.

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