# **Legacy Funds Application Form**

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| --- | --- | --- |
| **Name of Applicant:** | | Area / Service: |
| *(Position)* | | |
| *Signed:* | | Date:     /    / 20 |
|  | | |
| Date Funds Required:    /    / 20 | Date funds to be fully expended:    /    / 20 | |

**Legacy Type**

|  |  |
| --- | --- |
| Association | National |
| *Signed:*  (Association Chair) | *Signed:*  (Area Manager) |
| Date:    /    / 20 | Date: 07 / 01 / 2019 |
| Minute of Meeting attached | |

**Outline of Project, Service, or Activity:** *(What the funding is for)*

|  |
| --- |
|  |

**Benefits of Project to Organisation:**

|  |
| --- |
|  |

**Finance Details:**

|  |  |
| --- | --- |
| Total Amount Requested **(excluding GST)** | $ |
| List of individual items being applied for in priority order *(if applicable)* | | |
| 1. | $ | |
| 2. | $ | |
| 3. | $ | |
| **Total** | $ | |

Reasons for not considering other sources of funds *(e.g. Association Committee, Grants etc.)*

|  |
| --- |
| Details: |

|  |  |
| --- | --- |
| Has the project been funded before? | **Y  N** |
| Does this application cover the full cost of the project? | **Y  N** |
| If no, please provide details of other funding sources | |
| Two (2) written quotes are to be attached to this application form if the request involves the purchase of assets over $500 **(excluding GST)** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Endorsement from General Manager:** | | | | | |
| **Name:** | Donna Mitchell, General Manager HR | | | | |
| *Signature:* |  | | | Date: 07 / 01 / 2019 | |
| **Approval:** | | | | | |
| **Approved** *(please circle)* | | **Yes** | **No** | | |
| *If no, please provide reason:* | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved General Manager Corporate Services**  *Applications under $50,000* | *Signed:* | | Date:    /    / 20 |
| **Approved Chief Executive** *Applications under $200,000* | *Signed* : | | Date:    /    / 20 |
| **Approved IHC Board** *Applications over $200,000* | Board Minute attached | Date of meeting:    /    / 20 | |