# **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**

|  |  |
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| **[ ]** Association  | **[x]** 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)*

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|       |

 **Benefits of Project to Organisation:**

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**Finance Details:**

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| --- | --- |
| 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.)*

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| Details:       |

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| Has the project been funded before? | **Y [ ]  N** **[x]**  |
| Does this application cover the full cost of the project? | **Y [ ]  N [x]**  |
| 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)**  |

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| **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:* |       |

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| **Approved General ManagerCorporate 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   |