



Hooper Centre Shopping Village

Local Give Back 2024 Application Form

Organisation/Group Name:	
This form is to be used for applications for com organisations only.	munity organisations, groups and not-for-profi
Organisation/Group Name:	
Contact Person Name:	
Position:	
Address:	
Phone:	E-mail:
Website or social media:	ABN:
	rities and Not-for-Profits Commission (ACNC)? (such as a school or childcare centre) seeking

Applications close Friday, 19th April 2024

Please submit applications to:

info@hgpropertyservices.com.au





What is the length of time your community-based organisation or group has existed:		
Please state the mandate, mission	n or purpose of your organisation/gro	oup:
Please describe what this grant w	rill assist with and/or achieve:	
Please check off what the funding will be used for:		
☐ Special Project	☐ Building/Infrastructure	☐ Operating Costs
☐ Development	☐ Program/Curriculum	☐ 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 Hooper Centre Shopping Village 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.