

The Foundation of the Polish Ex-Servicemen's in Australia

Application for Gift

Applicants must be familiar with the aims and objectives of the Polish Ex-Servicemen's Association's Foundation (see page 2) and should ensure that activities for which they are seeking financial support from the Foundation are not inconsistent with those aims and objectives.

If your organization is **incorporated**, please attach the following documents to this application form:

- A copy of your organization's certificate of incorporation, and statement of aims and objectives; and
- A copy of your organization's latest financial statement, clearly showing all income, expenditure and balance of accounts for the preceding 12 months. The statement should be signed by the Treasurer of your organization.

If your organization is not incorporated but <u>is associated with or part of another incorporated</u> <u>organization</u>, you will need to attach the following documents:

- A copy of that organization's certificate of incorporation; and
- A copy of that organization's most recent audited financial statement.

If you are applying as an individual, your application will need to be supported by the Federation of Polish Organizations or Council of Polish Organizations in your State or Territory, or by a member organization of that Federation or Council.

All questions must be answered.

In lodging this application organizations/individuals will be undertaking:

- To acknowledge the gift from the Foundation in their publications and/or reports publicized in the Polish media; and
- To submit a Completion Report, including an outline of the manner in which gift funds have been utilized, to the Foundation, when of the project or activity for which they have received funding, is finished.

The Polish Ex-Servicemen's Foundation reserves the right to use/publish material submitted by gift recipients in their applications, acknowledgements, and/or Completion Reports.

Future applications will not be considered from applicants who have not provided Completion Reports for earlier gifts received from the Foundation.

This Application Form, together with the required documents, should be sent to:

The Foundation of the Polish Ex-Servicemen's Association in Australia PO Box 857 Capalaba Qld 4157

Applications close on 1st September 2011



Aims and Objectives of the Foundation of the Polish Ex-Servicemen's Association in Australia.

- a/ to support the welfare and social needs of the membership of the Polish Ex-Servicemen's Association
- b/ to maintain the memory of the role of Polish Ex-Servicemen in the struggle for freedom of the individual and the independence of Poland
- c/ to inform the Australian Community of the Polish point of view on current events by means of the printed and spoken word
- d/ to counter tendentious and false propaganda by commissioning and disseminating genuine information regarding the actual political, social, economic and ecological situation in Poland
- e/ to support and publish books and other papers depicting the true history of Poland, the history of Polish political migration, especially to Australia and the contribution of the Polish Nation and the members of its Armed Forces in the fight against totalitarian regimes
- f/ to support, encourage and assist persons or organisations who are engaged in promoting aspects of Polish culture in Australia
- g/ to provide scholarships, prizes and subsidies to persons or organisations who are engaged in carrying out any of the objectives set out above, with preference being given to persons of Polish origin
- h/ to do such other lawful things as would further any of the objectives of the Polish Ex-Servicemen's Association.

Note:

The Foundation will not consider applications from other established Funds or Foundations.

PLEASE ANSWER ALL QUESTIONS

DETAILS OF PERSON COMPLETING THIS APPLICATION FORM

Name	
Organ	nization if applicable:
Positio	on in the Organization if applicable:
Posta	I/Street Address:
Telepl	hone(s):
Email	address:
	Details of Applicant Organization or Individual
1.	Name and address of applicant organization/individual:
2.	Please indicate the nature of your application by placing a cross in the appropriate box:
	a/ Incorporated Organization
	b/ Not incorporated but associated with an incorporated organization
	c/ Individual
3.	Name of associated or supporting organization (if applicable). (Details to be provided if applicant organization is not incorporated or if the individual applying has the support of an organization).
4.	Postal address for correspondence:
5.	ABN, Tax Status and GST
ABN r	number:
If you	do not have an ABN number or endorsed tax status, please explain why this is the case.
GST:	Have you registered for GST? Please tick appropriate answer:
YES	NO

 Please provide the names and contact numbers of two Polish community leaders who can be contacted and who support this application. 					
Primary contact					
Name:					
Position held:					
Telephone:					
Email address:					
Secondary contact					
Name:					
Position held:					
Telephone:					
Email address:					
Project or Activity for which funding is being sought:					
7. Please provide:					
a/ a brief summary of the proposed project or activity; and					
b/ an outline of how you believe your project supports one or more of the aims and objectives of the Foundation.					
(This response may be provided as an attachment if there is insufficient space below).					

Have you or has your organisation applied for funding from another agency or foundation for proposed activities/project? NO Yes If yes, please supply the name of the agency or foundation, and the amount sought. Date Source Amount \$ \$ O. Signatures: Signature of applicant: ate: Signature of President of the applicant organization or President of associated or umbrella organ or in the case of an individual applicant a Community leader) supporting this application Ignature:	Have you or has your organisation applied for funding from and proposed activities/project? NO Yes I If yes, please supply the name of the agency or foundation, and Date Source Date Source Signatures: Signature of applicant: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:	Amount requested	
S S S	Have you or has your organisation applied for funding from and proposed activities/project? NO Yes If yes, please supply the name of the agency or foundation, and Date Source Date Source Signatures: Signature of applicant: ate: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:	5	
Have you or has your organisation applied for funding from another agency or foundation for proposed activities/project? NO Yes If yes, please supply the name of the agency or foundation, and the amount sought. Date Source Amount \$ \$. Signatures: Signature of applicant:	Have you or has your organisation applied for funding from and proposed activities/project? NO Yes If yes, please supply the name of the agency or foundation, and Date Source Date Source Date Signatures: Signature of applicant: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:	3	
Have you or has your organisation applied for funding from another agency or foundation for proposed activities/project? NO Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Have you or has your organisation applied for funding from and proposed activities/project? NO Yes	3	
Have you or has your organisation applied for funding from another agency or foundation for proposed activities/project? NO Yes If yes, please supply the name of the agency or foundation, and the amount sought. Date Source Amount \$ \$ O. Signatures: Signature of applicant: ate: Signature of President of the applicant organization or President of associated or umbrella organ or in the case of an individual applicant a Community leader) supporting this application in the supplication and Position held:	Have you or has your organisation applied for funding from and proposed activities/project? NO Yes II If yes, please supply the name of the agency or foundation, and Date Source Date Source Date Signatures: Signature of applicant:	5	
proposed activities/project? NO Yes If yes, please supply the name of the agency or foundation, and the amount sought. Date Source Amount \$ \$ Co. Signatures: Signature of applicant: Signature of President of the applicant organization or President of associated or umbrella organ or in the case of an individual applicant a Community leader) supporting this application signature: Signature: Signature of President of the applicant and Position held:	proposed activities/project? NO Yes I If yes, please supply the name of the agency or foundation, and Date Source 3. Signatures: Signature of applicant: ate: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:	\$	
Signature of applicant: ate:	Signature of applicant: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:		
Signature of applicant: Signature of President of the applicant organization or President of associated or umbrella organ r in the case of an individual applicant a Community leader) supporting this application gnature: ease print Name, Organization and Position held:	Signature of applicant: ate: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:		Amount
Signature of applicant: Signature of President of the applicant organization or President of associated or umbrella organ r in the case of an individual applicant a Community leader) supporting this application gnature: ease print Name, Organization and Position held:	Signature of applicant: ate: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:		
D. Signatures: Signature of applicant: ate: Signature of President of the applicant organization or President of associated or umbrella organ or in the case of an individual applicant a Community leader) supporting this application Ignature: Bease print Name, Organization and Position held:	Signature of applicant: ate: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:		
Signature of applicant: ate: Signature of President of the applicant organization or President of associated or umbrella organ r in the case of an individual applicant a Community leader) supporting this application gnature: ease print Name, Organization and Position held:	Signature of applicant: ate: Signature of President of the applicant organization or President of a r in the case of an individual applicant a Community leader) supporting gnature: ease print Name, Organization and Position held:		\$
lease print Name, Organization and Position held:		sociated o	