



# **Eastwood Village Shopping Centre**

## Local Give Back 2025 Application Form

Organisation/Group Name:	
The Local Give Back Program is intended ways that directly benefit and preferably example, supporting those less fortunate, s	community organisations, groups and not-for-profits only if only for those organisations that plan to spend their grant increate a lasting positive impact on their local community. For starting or continuing to run meaningful community programs, or e change towards prominent social or environmental issues.
Organisation/Group Name:	
Contact Person Name:	
Position:	
Address:	
Phone:	E-mail:
Website or social media:	ABN:
Eligibility Checklist (please circle the app	olicable response):
<ul> <li>Is your organisation registered in Australia? Y / N</li> <li>Are you registered with the Australian Charities and Not-for-Profits Commission Y / N</li> </ul>	
Are you a local government-fund funding for a program that further	ded facility (such as a school or childcare centre) seeking ers 'charitable purpose'? Y/N

### Applications close Thursday, 17th April 2025

Please submit applications via the submission page on the Eastwood Village website, or alternatively, email <a href="mailto:info@hgpropertyservices.com.au">info@hgpropertyservices.com.au</a>





What is the length of time your community-based organisation or group has existed:		
Please state the mandate, mission of	or purpose of your organisation/group:	
Please describe what this grant will a	assist with and/or achieve:	
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Please check off what the funding w	ill be used for:	
_		
☐ Special Project	☐ Building/Infrastructure	☐ Operating Costs
□ Development	☐ Program/Curriculum	☐ Materials
Please describe how the funds will b	pe utilised and the expected project tim	neframe/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 Eastwood Village Shopping Centre 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	

<sup>\*</sup>Please attach any supporting relative images that may assist with your application to your email.