



COMMUNITY CONTRIBUTIONS GRANT APPLICATION FORM

PERSONAL DETAILS

NAME:

ADDRESS:

TELEPHONE:

EMAIL:

NAME OF PARENT/GUARDIAN IF UNDER 18 YEARS:

EVENT DETAILS

NAME OF EVENT:

LOCATION:

DATE/S:

NAME OF ORGANISATION:

CONTACT PERSON:

CONTACT NUMBER:

POSTAL ADDRESS:

***MARABISDA would appreciate as much information as possible about your proposed event. Please feel free to attach copies of other documentation or extra information that will support your application for assistance.*

DETAILS OF TOTAL COSTS: \$

DETAILS OF YOUR CONTRIBUTION: \$

FUNDRAISING: \$

ASSISTANCE / AMOUNT REQUESTED FROM MARABISDA INC: \$

COPY OF LETTER / DOCUMENTATION FROM ORGANISING BODY ATTACHED: *(please circle)*

YES / NO

All of the information that I have provided in this application is true and correct.

.....
Applicant signature

Date

MARABISDA'S USE ONLY

Date application received:

Forwarded to Directors:

MARABISDA Contribution:

Paid to applicant (date):

Payment details:

Signed:

Other details: