

3. What is the Applicant's total membership and what number or percentage of that membership suffer from a mental or physical infirmity, disability or need.

4. What numbers or percentages of the Applicant's members are in each of the following age groups?

Under 60 _____ 61-70 _____ 71-80 _____ Over 80 _____

5. Please illustrate how the Applicant qualifies as 'financially needy'.

6. Please provide a copy of the most recent audited income/expenditure statement or balance sheet.

7. Please set out here, or in an attached schedule, any other information which might be relevant and which the Applicant wishes to bring to the attention of The Foundation having regard to the eligibility criteria set out in the guidelines):

8. Financial Details of funding sought:

Aggregate Amount: \$ _____

Manner in which funding to be drawn:

If by one (1) lump sum:

Anticipated drawdown date: _____

If by instalments:

Amount of each instalment: \$ _____

Number of instalments: _____

Timing (eg: of each month against invoices etc): _____

Anticipated drawdown date of 1st instalment: _____

Funding and other contribution to Project by Applicant, if any):
\$ _____ (or \$ _____ per instalment, if appropriate).

QUOTES ATTACHED Yes [] No [] Please tick.

The Foundation reserves the right to require further information from the Applicant. Neither receipt of this Application nor any request for, or receipt of, further information from the Application by the Foundation will fetter the discretion of the Foundation to grant or refuse the Application, or grant the same subject to the conditions or in an amended form, as the Foundation in its absolute discretion thinks fit.

Name of Responsible Officer: _____

Signature: _____

Date: _____

Completed forms and any attachments should be lodged with the Secretary at the address below:

The Secretary
The Iwasaki Foundation
P O Box 21
ROCKHAMPTON Q 4700

Phone: 07-49276262 Fax: 07-49276864 Email: duthies@cqnet.com.au

I the duly authorized officer of this organization **CONSENT** to the Iwasaki Foundation using the photographs of all or any of the Officers of this Organization and details of the amount of the Grant and the purpose for which it was used provided this information is used for publicity purposes that may benefit the Iwasaki Foundation.

Dated this _____ day of _____ 201____

Signature