

Bendigo Northern District Community Enterprise

"Our towns, our future"

Expression of Interest

Defibrillator Grant

Group/Club Name: _____

Group/Club home base/clubrooms: _____

Other Tenant Clubs at venue: _____

Number of members: _____

Demographic of membership (e.g. retirees, young families): _____

Group/Club website address: _____

Group/Club Contact Person: _____

Contact Email address: _____

Contact Phone number: _____

Defibrillator Funding Sought:

Part-funding - \$ amount sought: _____ Own contribution \$ _____

Outline the reason for your request for a Defibrillator Grant

How will you promote this defibrillator to the community?

State how you will recognise the community enterprise for the defibrillator grant received?

Declaration of Applicant

I have read the guidelines for the Bendigo Northern District Community Enterprise Defibrillator Expression of Interest and certify to the best of my knowledge the information provided in this application is correct and discloses a full and accurate statement.

Signature: _____ **Date:** _____

Application Checklist

- All grant applicants must discuss their application with a Bendigo Northern District Community Enterprise committee member and attend a committee meeting prior to submitting.
- Ten (10) referral cards have been submitted to the Mitchell Street branch of Bendigo Bank/ BNDCE Committee Member, prior to submitting your expression of interest (You will receive these after your initial discussion with a Bendigo Northern District Community Enterprise committee member regarding your project).
- Your group, club, organisation has a Bendigo Bank Account.
- Your group, club, organisation will support the Bendigo Northern District Community Enterprise into the future.
- All applications sent to: BNDCE, PO Box 21, Huntly, 3551