

Bendigo Northern District Community Enterprise

"Our towns, our future"

Expression of Interest Defibrillator Grant

Group/Club Name: _____

Group/Club home base/clubrooms: _____

Other Tennant 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 \$ _____

Full Funding \$2550

APPLICATION CHECKLIST

All applicants must:

- Discuss their application with a Bendigo Northern District Community Enterprise committee member prior to submitting.
- Read our guidelines – refer to our website www.bndce.com.au
- Attend a BNDCE committee meeting to outline their application.
- Provide their bank details to allocate funds.
- Support the Bendigo Northern District Community Enterprise into the future.

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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 that the information provided in this application is correct and discloses a full and accurate statement.

Signature: _____ **Date:** _____