

*To support a cohesive community and maintain a unique lifestyle*

# Jacobs Well and District Progress Association

## Request for Funds

**Note:** As necessary please add additional information on separate sheets

**Name of Project / Event:**

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**Description:** Provide a full description of the Project/ Event. In the case of Event also provide the Event date. ....

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**Name of Community Group / Person requesting Funding:**

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**Contact Name:** (It would be expected that this would be the person that would attend the JW&PA General Meeting when the Funding Request is considered)

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**Contact Telephone No:** .....

**Contact Email:** .....

**How does request fit with the JW&DPA Vision and Mission** (Tick appropriate box)

- (a) facilitation of a cohesive community
- (b) maintenance of a unique lifestyle
- (c) proactively engage with others to improve facilities and services
- (d) proactively promote the district
- (e) Other (please describe contribution to the community)

**Project /Event Budget Estimate:** \$.....

**Project / Event Source of Funding:** (Provide details of other funds)

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**Amount requested from JW&DPA:** \$.....

**Signature of Contact Person:** .....

**Forward to:** The Secretary JW&DPA, PO Box 504, Ormeau, 4208, or email to: [secretary@jacobswell.com.au](mailto:secretary@jacobswell.com.au)

Supported by the JW&DPA Management Committee

Yes

No

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Date