

# **ISLAND TIME FUNDRAISING EVENTS INC.**

## **Application For Funding**

Island Time Fundraising Events Inc. has been set up to assist children on the Sunshine Coast with Cerebral Palsy.

Assistance is in the form of meeting gap payments in MASS funded aids; providing limited financial assistance with aids and equipment; and, assisting with maintenance and repairs on mobility aids such as wheelchairs and walkers or communication devices.

### **HOW TO APPLY FOR FUNDING**

- Fill in the Application for Funding form.
- Include unpaid quotes (note: Island Time Fundraising Events Inc. will not reimburse paid quotes)
- Mail the application form to: Island Time Fundraising Events Inc.  
PO Box 416  
Buddina 4575 Qld

For more information on Application for Funding or eligibility email:  
[islandtime@primusonline.com.au](mailto:islandtime@primusonline.com.au)  
Or phone 07 5477 6195

# ISLAND TIME FUNDRAISING EVENTS INC.

## Application For Funding

Applicant's Full Name: \_\_\_\_\_ D.O.B. \_\_/\_\_/\_\_

Applicant's Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Phone Number: (Day): \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Delivery Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name and Address of carer/guardian/parent (if different from above): \_\_\_\_\_

Phone: (Day): \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Has the applicant previously applied for funding through Island Time Fundraising Events Inc.?

Yes / No If YES, state when: \_\_\_\_\_

Diagnosis of Applicant: \_\_\_\_\_

Does the Applicant have a Health Care Card: Yes/No (please circle appropriate answer)

Please give a description of what the funding will be used for (eg. Gap payment for orthotics) : \_\_\_\_\_

\_\_\_\_\_

What is the total cost of the aid? \_\_\_\_\_

Are you applying or have you applied for funding from other agencies (eg: MASS) for this aid? Yes/No \*\*

What is the total amount of funding required by Island Time Fundraising Events Inc? \_\_\_\_\_

Has the account been paid: \_\_\_\_\_

(please note: funding will be paid directly to company supplying goods. No money will be paid to individual applicants)

Name of Company supplying the quote: \_\_\_\_\_  
Address of Company: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Contact phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

Has a copy of the Quote been attached to this application: Yes/No

Please note: All information in this application is confidential and will not be passed on to third parties.

\*\* Island Time Fundraising Events Inc. may require proof of acceptance of applications through other agencies.  
Eg: When applying to MASS for aids, a copy of their "Letter of Approval" stating the gap the applicant must pay, should be included.

Applications will only be considered if unpaid quote is attached.

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**OFFICE USE ONLY**

Date of receipt of application: \_\_/\_\_/\_\_

Date of payment of account: \_\_/\_\_/\_\_

Date of contact with supplier: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_