

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
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.

OFFICE USE ONLY

Date of receipt of application: __/__/__

Date of payment of account: __/__/__

Date of contact with supplier: __/__/__

Signature: _____