

Australian Bowhunters Association Inc. ABN 79 750 431 225



Branch or Club Loan/Grant Funding Assistance Application

SECTION 1 - TO BE COMPLETED BY THE APPLICANT (BRANCH OR CLUB)

Name of Branch/Club:		Club ABN (if applicable)			
Contact Name for Corre	espondence:				
Contact Email or Postal Address:					
Brief Description of the Purpose/Project for this application:					
Club Affiliation Number: Affiliation Status:					
Estimated total cost of project: \$					
Assistance sought in this application: GRANT \$LOAN \$					
Office Bearers Information Required					
	President (Controlle if Branch)	r Secretary	Treasurer		
Name					
ABA Number					
Club Grounds Information Required (Clubs only)					
Does the club have permanent occupancy of the clubs land? Yes No					
If yes, what is the form of the title / arrangement? (please circle)					
Freehold	Leasehold	Signed Agreement	Other		
If by agreement or other, please provide specific details:					

Level of Club Accreditat	tion:	··	
Financial Information	<u>Required</u>		
Club/Branch Balance Sheet Summary	As at the date of the application	As at 31 May last year	As at 31 May previous year
Total Cash on Hand / Bank (including investments)			
Total Assets			
Total Liabilities			
Surplus / Deficit (Members Funds)			
Club/Branch Profit & Loss Summary	As at the date of the application	As at 31 May last year	As at 31 May previous year
Total Income			
Total Expenses			
Profit or Loss for the period			
Cost of land lease/rental (included in the above expenses)			
Cost of Loan Repayments (included in the above expenses or liabilities)			
Cost of Rates / Charge (included in the above expenses)			

Acknowledgement (applicant only)

We confirm that the information provided is true and correct to our knowledge.

I have read and signed the accompanying terms and conditions detailed in the document "Requirements for ABA Financial Assistance (Loan/Grant)"

Please cross out the non-applicable title.	
Branch Controller / Club President:	. Dated:
Branch / Club Secretary :	. Dated:
Branch / Club Treasurer :	. Dated:
SECTION 2 - TO BE COMPLETED BY YOUR BRANCH ONLY	
Branch management committee has received and con application noted above and have listed on our Branch meeting minutes under	
Dated	
We recommend / do not recommend this application (please circle)	
Signed on behalf of the Branch	
Branch Controller: Da	ted:
If application is not recommended, please provide details:	
SECTION 3 - TO BE COMPLETED BY NATIONAL ONLY	
All requirements for submission of ABA funding assistance have been met and process and forms have been completed.	the correct
We recommend / do not recommend this application (please circle)	
National President: Da	ated:
National Treasurer:	ated:

<u>Applications must be submitted via the ABA Office (generalsecretaryaba@gmail.com) to be tabled in the agenda for the next executive management meeting</u>