

APPLICATION FOR FUNDING ASSISTANCE
from the
AMA (NSW) CHARITABLE FOUNDATION

Note: Grants provided by the AMA (NSW) Charitable Foundation can only be made to organisations which are charitable at law and which promote the social advancement and health care of deserving groups in our community

Section A – Applicant Details

A1. Name of Organisation

A2. Postal Address

A3. Street Address

A4. Name of Contact Person

A5. Telephone Facsimile

A6. Has the applicant received any previous funding
from the AMA Charitable Foundation? Yes / No

If yes, please state year, amount funded and purpose.

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A7. Background of Organisation

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Section B – Project Details

B1. Reason for Funding Assistance

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B2. Amount of funding sought

B3. What social needs will this project address?

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B4. Who is the main beneficiary/target group/client group for the project?

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Section C – Financial Arrangements

C1. How will this Project be Managed?

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Section D – Referee

D1. Referee

..... Telephone:

Section E – Declaration

To be signed by any two members who are representative of the governing organisation.

I/We declare that to the best of my/our knowledge the above information is true and correct.

	Name	Position	Signature	Date
1.
2.

This application form should be posted or delivered to:

The Secretary
AMA (NSW) Charitable Foundation
PO Box 121
St Leonards NSW 1590