
From: LOUISE [mailto:lowen60@bigpond.net.au]
Sent: Monday, 16 July 2012 7:31 PM
To: Paul Hickey
Cc: info@lennoxchamber.com.au; Fred Goodman
Subject: Meet the Candidates



Dear Paul,

The Lennox Head Chamber of Commerce together with the Lennox Head Resident's Assoc would like to hold a Meet the Candidates meeting on Tuesday August 21st. This meeting is for the B Ward residents to meet and question those candidates who are standing for the upcoming council elections.

We feel this to be a very important opportunity for everyone involved.
Together we would like to use the Community Centre at no charge to the ratepayers or the not for profit community groups organising the meeting.
Would you please consider donating perhaps 2 hours from 7pm to 9pm for the cause.

Many thanks

Kind Regards,

Louise Owen JP
President
Lennox Head Chamber of Commerce

Fred Goodman
President
Lennox Head Residents Assoc.

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TYPE OF ORGANISATION / CONTACT DETAILS

Name of Organisation: MENTAL HEALTH SUPPORT GROUP

Postal Address: P.O BOX 269 ALSTONVILLE NSW 2477

Primary Purpose and Activities of Organisation: TO PROVIDE PRACTICAL SUPPORT FOR THOSE LIVING WITH MENTAL ILLNESS IN OUR COMMUNITY

Number of Members: 10

Names of Primary Office Bearers: (President/Treasurer/Secretary) PRESIDENT: BARBARA SWAIN

SECT: SUZANNE WARMERDAM

TREASURER: RAY HOUSTON

Contact Person for this Application: SUZANNE WARMERDAM

Ph 0266244598 Mob 0408 285521 Fax _____

Email warmer@nrc.com.au

Is the Group/Organisation GST Registered? Yes No Exempt

(if yes provide ABN No.): _____

Is the Group/Organisation Not-for-Profit? Yes No

BRIEF SUMMARY OF APPLICATION

Brief Description of Project or Activity: (how the donation would be spent, if provided. eg; buying a new roof, building a fence, paying for insurance) : _____

PAYING FOR LIABILITY AND VOLUNTEER INSURANCE

Estimated Total Cost of Project (excl GST) \$ 1300.00

Please provide details of how you arrived at the estimated total cost of works. Typically two quotes will be provided as part of this application although depending on the nature of the project or activity an alternate explanation of your estimate will be accepted.

Quotation 1: WESTLAWN INSURANCE \$1368.87

Quotation 2: LCIS \$1273.00

Other: _____

BENEFITS OF PROJECT

Please describe why you believe community funds should be applied to your project. Information should include the people / sections of the community that will benefit from the project or activity.

The Mental Health Support group provides practical support for those living with a mental illness in our community.

We provide toiletry packs, socks, underwear things and clean used clothing for patients at the Psychiatric Unit of Lanes Hospital.

We fund & organise outings to local places of interest, fast food outlets & restaurants.

We also provide linen, small appliances, china etc. The M.H.S.G. has recently organised handmade patchwork quilts for all the beds in Unit, 2 per bed as well as wall hangings (120+ quilts)

FINANCES

Briefly describe why you need financial assistance from Council ie: what financial resources are available to you and why they are not sufficient to pay for this project.

All our funds are either donations from the community or specific grants that we have applied for to undertake specific projects. This means we have limited funds for items such as insurance. Should we receive assistance from the Council we would be able to use the money we have allocated for insurance in our work to aid those dealing with mental illness in our community.

FINANCIAL INFORMATION - COMMUNITY DONATION ASSESSMENT

This information is being collected to enable Council to assess the financial circumstances of the applicant. The information will only be used for the purposes of this assessment.

The form is split into two sections. Section one asks for information in respect to the finances for organisations. Section two seeks information in respect to a particular project or event and is required to be completed by both organisations and individuals.

Finances (only organisations are required to completion this section)

1. What funds do you have in the bank/invested? \$ 13
(funds invested include money at call in the bank, on a term deposit or any other style of investment)
2. Details of any property/s owned either in whole or part..... NIL
- * *MOST OF THIS MONEY IS FROM GRANTS AND MUST BE SPENT ON THE PROJECTS THAT RECEIVED THE GRANT MONEY.*
3. Details of any other assets owned with an estimated value over \$2,000. e.g. motor vehicle..... NIL
4. What income did you receive last financial year? \$ 10,000
5. What expenses did you incur last financial year? \$ 10,000
7. What income do you expect to receive this financial year? \$ 15,000
8. What expenses do you expect to incur this financial year? \$ 15,000
9. If you make a surplus on operations what will happen to the surplus funds?.....
SPEND ON OUR PROJECTS

Project Finances

1. What is the estimated cost to run the event or complete the project? \$ 1300
2. Details of proposed funding sources:
 - Council Donation: \$ 1300
 - Own Funds: \$ _____
 - Other sourced from \$ _____
 - TOTAL:** \$ _____
3. Briefly describe the expenses you expect to incur
 - From \$ 1300
 - From \$ _____
 - From \$ _____
4. If income exceeds expense what will happen to the excess funds?
N/A

Name (Print): S. WARMERDAM Name (Print): _____
 Position: SECRETARY Position: _____
 Signature: *S. Warmerdam* Signature: _____
 Date: 14th July 2012 Date: _____