

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@nor.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 trangs and clean used clothing for patients at the Psychiatric Unit of Lesmore Hospital.

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

We also provide linen, small appliances, china etc. The MHSG 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: _____

TYPE OF ORGANISATION / CONTACT DETAILS

Name of Organisation: BALLINA RSL SUB BRANCH
 Postal Address: PO BOX 378 BALLINA 2478
 Primary Purpose and Activities of Organisation: WELFARE & SUPPORTING THE COMMUNITY WITH THE RSL YOUTH CLUB & DAY CLUB
 Number of Members: YOUTH CLUB APPROXIMATELY 400 CHILDREN
 Names of Primary Office Bearers: (President/Treasurer/Secretary) RSL DAY CLUB IN EXCESS OF 100 MEMBERS BILL MOORE
ADRIAN WALSH, ARTHUR CROCKETT

Contact Person for this Application: ADRIAN WALSH
 Ph 6686 0133 Mob 0416283048 Fax 6686 0793
 Email TRES45@bigpond.net.au
 Is the Group/Organisation GST Registered? Yes No Exempt
 (if yes provide ABN No.): 37 373 414 970
 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):
SUPPORTING BALLINA RSL YOUTH CLUB - THE DONATION WOULD BE USED TO OFF SET THE COST OF COUNCIL RATES - COUNCIL HAS SUPPORTED US FOR MANY YEARS BY PROVIDING A RATE REDUCTION.

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

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: _____
 Quotation 2: _____
 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 BALLINA RSL SUB BRANCH (NOT TO BE CONFUSED WITH THE RSL CLUB LTD)
 SUPPORTS THE YOUTH CLUB BY PROVIDING A VENUE FOR CHILDREN
 & ADOLESCENTS UP TO THE AGE OF 25 WITH THE FOLLOWING
 ACTIVITIES GENERAL FITNESS, GYMNASTICS, KINDY GYM & BOXING.
 PROVIDES TRANSPORT FOR CHILDREN TO ATTEND COMPETITIONS etc

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.

AS BALLINA RSL IS A NOT FOR PROFIT ORGANISATION
 PROVIDING WELFARE SUPPORT TO THE WIDER VETERAN COMMUNITY,
 WAR WIDOWS, LEGACY & THE YOUTH OF BALLINA & AGED PEOPLE
 WITH THE DAY CLUB. THE RSL SUB BRANCH IS NOT FUNDED
 BY ANY OTHER ORGANISATIONS OR GOVERNMENT DEPARTMENT,
 WE PROVIDE FUNDING FOR THE ABOVE GROUPS. IN ADDITION
 WE PROVIDE FUNDING & SUPPORT FOR THE WESTSIDE HELICOPTER RESCUE
 LOCAL SCHOOLS BOTH PUBLIC & PRIVATE, BALLINA SHIRE
 BAND, HAVE VISITATION TEAMS THAT VISIT AREA HOSPITALS,
 RETIREMENT VILLAGES, ASSIST LEGACY WITH FUNDING etc.

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)

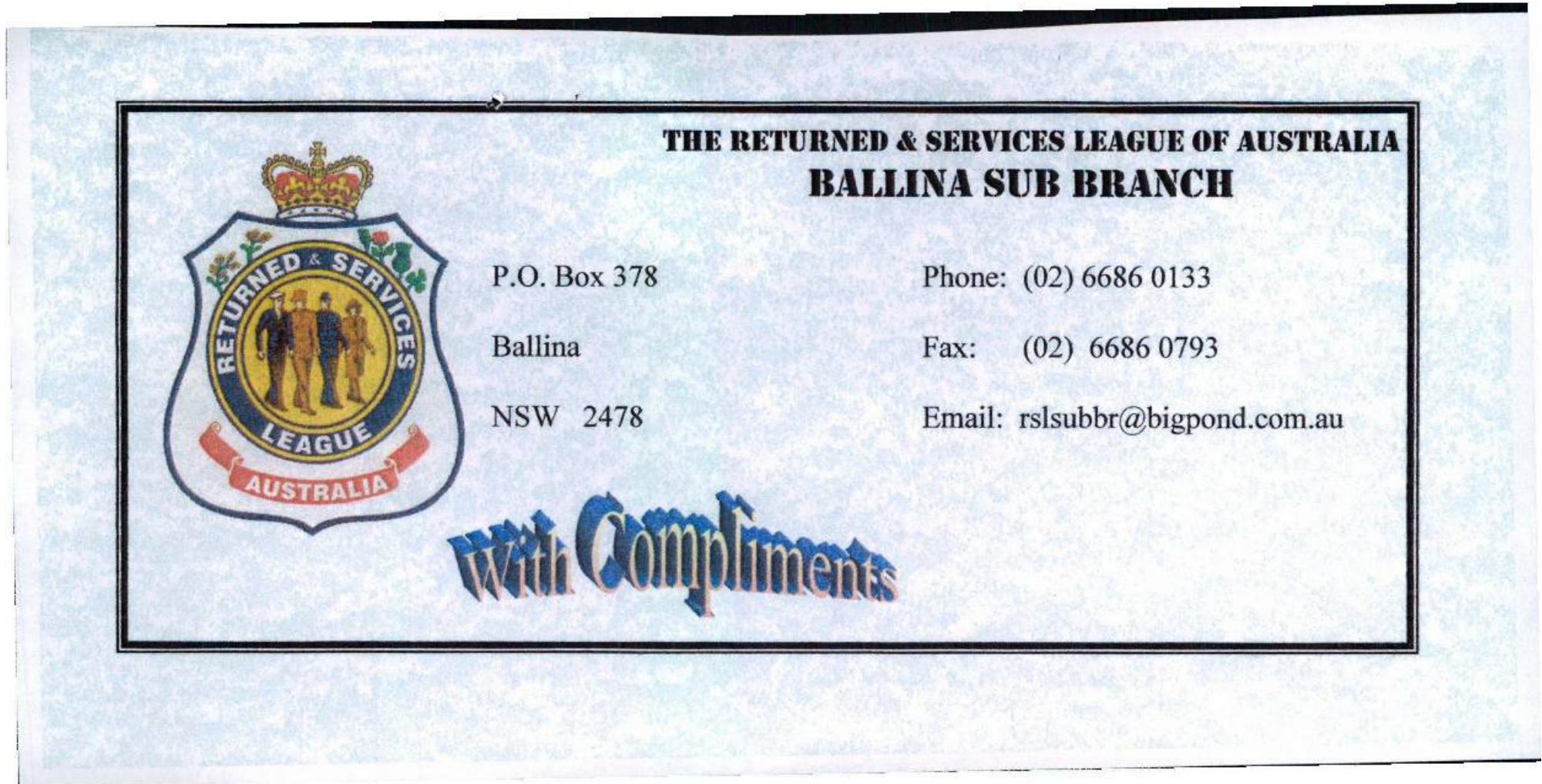
1. What funds do you have in the bank/invested? \$ 394714.00
(funds invested include money at call in the bank, on a term deposit or any other style of investment)
2. Details of any property/s owned either in whole or part WHOLY OWNED
BUILDING 5 PIPER DRIVE BALLINA - USED FOR
RSL YOUTH CLUB ACTIVITIES
3. Details of any other assets owned with an estimated value over \$2,000. e.g. motor vehicle.....
TOYOTA ROXA BUS "
4. What income did you receive last financial year? \$ 282,000
5. What expenses did you incur last financial year? \$ 402,362.
7. What income do you expect to receive this financial year? \$ 166,700
8. What expenses do you expect to incur this financial year? \$ 166,700
9. If you make a surplus on operations what will happen to the surplus funds? ADDITIONAL
FUNDS WOULD BE USED FOR MEMBERS WELFARE AND TO
OFFSET PREDICTED COSTS TO RELOCATE COMOTAPH.

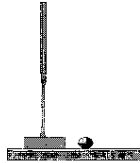
Project Finances

1. What is the estimated cost to run the event or complete the project? \$ 21,000
2. Details of proposed funding sources:
 Council Donation: \$ 3000.00
 Own Funds: \$ 18,000
 Other sourced from \$ NIL
TOTAL: \$ 21,000
3. Briefly describe the expenses you expect to incur
 From COUNCIL RATES \$ 4000
 From REPAIRS & MAINTENANCE \$ 10000
 From COMPLY WITH OHS REQUIREMENTS/INSUR. \$ 7000
4. If income exceeds expense what will happen to the excess funds? NIL - WILL NOT
EXCEED.

Name (Print): ADRIAN WALSH
 Position: TREASURER & TRUSTEE
 Signature: [Signature]
 Date: 31.7.12

Name (Print): PETER CECILOVIC
 Position: PENSION & NEGOTIATION OFFICER & TRUSTEE
 Signature: [Signature]
 Date: 31.7.12





Telephone: 02 66285597 ABN: 47 919 048 970
Email: olivierikevin@gmail.com
Alstonville Croquet Club Inc
5 Dalmacia Drive
WOLLONGBAR NSW 2477

Ballina Shire Council
PO Box 450
BALLINA NSW 2478

6 August 2012

RECORDS
SCANNED
· 9 AUG 2012
Doc No.....
Batch No.....

Sign: Croquet Club

At present there is one sign for the croquet club attached to the street sign at the intersection of Ballina Road and Teven Road.

The Alstonville Croquet Club Inc requests that a second sign be placed on the street sign at the intersection of Teven Road and Gap Road.

Yours faithfully,

Kevin Olivieri
Secretary