

Charitable Objects Fund Form A: Application form

	SUB BRA	NCH DETAILS	
Sub Branch			
ABN / ACN			
Registered for GST?		□ Yes	□ No
Contact Name			
Phone			
Email			
Banking details	BSB:	Account Nu	ımber:
Preferred payment		Sub Branch	☐ Direct to vendors

Fill the below table only if this application is for veteran welfare support.

	CLIENT DETAILS	
Full name:		
Email:		
Phone (mobile):		Phone (home):
RSL Membership number (if app	olicable):	
Are you a dependant of current of	or former ADF member?	
☐ Current ☐] Former	
Please also complete Form C:	Hardship checklist form	

organisation?



For required documentation checklist, see page 5.

Please provide a full description of the basis of the application to allow the District Committee to make an assessment and decision. The description should include: • has the client applied for assistance with RSL QLD before? • has the client applied for or currently receiving assistance from any other

• how does this proposed expenditure meet the criteria set out in the COF guidelines?

DETAILS OF APPLICATION

how does this application align with the Objects of the League?



COMPONENTS OF EXPENDITURE

	Component of expenditure	Cost	Supplier
1.		\$	
2.		\$	
3.		\$	
4.		\$	
	Total amount requested	\$	
Les	Total funding received from other	\$	
s	sources.		
	(Specify sources below)		
	Charitable Objects Fund amount	\$	
	applied for		

Other Funding Sought / Obtained



This may include Sub Branch fundraising, co-contributions from veterans, donations, community groups, grants and/or DVA. Provide information below or attach if necessary.

Name of source of funding body	Type of funding provided	Amount received
		\$
		\$
Total		\$



In Kind Support

If In-Kind Support is to be obtained, please provide information below, or attach if necessary.

	Nature of In-Kind Support	Supplier/Provider
1.		
2.		

P	en	din	a	Ar	lac	ica	atic	ns

lease provide details of any other related projects for which funding, or grants are pending, and the extent of th
rant sought.

Where funds are to be used for the purchase of <u>automated external defibrillators (AED)</u> the following terms and conditions apply:

- 1. The Sub Branch releases RSL Queensland from and agrees that RSL Queensland is not liable for any claims arising from or incurred in connection with the purchase and use (or non-use) of the AEDs.
- 2. The Sub Branch agrees and acknowledges that it is solely responsible for the ongoing maintenance and repair of the AEDs, including any cost, and agrees that RSL Queensland is not liable to provide any funding for these costs (except to the extent that this application relates to funding for the costs of maintaining any AED).
- 3. The Sub Branch warrants that it, and its employees and agents, will comply with all manufacturer guidelines and standards in relation to the AED, including undertaking repairs and maintenance in accordance with the manufacturer guidelines and standards.
- 4. The Sub Branch warrants that it will provide any employees and agents with access to the AED with any training reasonably required to operate the AED in a safe manner and in accordance with the manufacturer guidelines and standards.



REQUIRED DOCUMENTATION

<u>Veteran Welfare related claims</u>
☐ Invoices or quotations from vendor regarding the proposed expenditure
Note: Vendor bank account details must be visible
☐ Written confirmation of assistance rejection from other funding parties (if applicable)
*If the funds will be paid to the Sub Branch
Please note that upon the successful application, Sub Branch is required to complete and submit Form B:
<u>Sub Branch acquittal report</u> to District.
Sub Branch commemorative or other claims
□ Sub Branch's latest Bank Statement
☐ Sub Branch's latest Balance Sheet and Profit and Loss (if required by the District office)
☐ Invoices or quotations from vendor regarding the proposed expenditure
Note: Vendor bank account details must be visible
☐ Written confirmation of assistance rejection from other funding parties (if applicable)
*If the funds will be paid to the Sub Branch
Please note that upon the successful application, Sub Branch is required to complete and submit Form B:
<u>Sub Branch acquittal report</u> to District.



SUB BRANCH DECLARATION

I have read and understand the RSL Queensland Charitable Objects Fund Guidelines.

This application is made in accordance with the RSL Queensland Charitable Objects Fund Guidelines, with the funding provided to:

- Enable the provision of welfare support to the veteran community; and/or
- To fund activities directly aligned to the Objects of the League, including significant commemorative activity.

I understand that the funds provided have been raised by RSL Queensland for charitable purposes and must be:

- Used responsibly in the provision of charitable services and activities.
- · Used for the purpose for which they were advanced, and
- · fully and completely acquitted and accounted for.

I certify that all the information provided is current and correct, and I give permission to RSL Queensland, the respective RSL District or its agent to contact any persons or organisations regarding this application.

Where funds have been requested for veteran welfare, I have sighted the applicant's bank statement and am satisfied that the veteran is in need or at risk and have considered all items on Form C: Hardship checklist form.

Automated External Defibrillators

Where funds are to be used for the purchase of automated external defibrillators (AED) the following terms and conditions apply:

- 1. The Sub Branch releases RSL Queensland from, and agrees that RSL Queensland is not liable for any claims arising from, or incurred in connect with the purchase and use (or non-use) of the AEDs.
- 2. The Sub Branch agrees and acknowledges that it is solely responsible for the ongoing maintenance and repair of the AEDs, including any cost, and agrees that RSL Queensland is not liable to provide any funding for these costs (except to the extent that this application relates to funding for the costs of maintaining any AED).
- 3. The Sub Branch warrants that it, and its employees and agents, will comply with all manufacturer guidelines and standards in relation to the AED, including undertaking repairs and maintenance in accordance with the manufacturer guidelines and standards.
- 4. The Sub Branch warrants that it will provide any employees and agents with access to the AED with any training reasonably required to operate the AED in a safe manner and in accordance with the manufacturer guidelines and standards.

I confirm that I do not have any conflict of interest in applying for this funding.

By Sub Branch President or Deputy President



Name	Signature	Date
By Sub Branch office bearer		
Name	Signature	Date

Please forward this application and additional information to your RSL District Office for consideration.



DOCUMENT NUMBER & TITLE Form A: COF		- Application Form			
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SUB BRA	 :	
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This page is to be given to an Applicant who provides personal information.

CHARITABLE OBJECTS FUND

Collections notice

Your Sub Branch is collecting your personal and sensitive information (your name, address, contact information, financial information, and health information) for the purpose of applying for financial assistance for you from the RSL Queensland - Charitable Objects Fund.

You may choose not to give us your personal or sensitive information, but without it, we will not be able to apply to the Charitable Objects Fund to assist you.

We will disclose your personal and sensitive information to other RSL organisations, including the District Branch and RSL Queensland for them to decide whether the Charitable Objects Fund can grant your application.

Your personal information will be handled in accordance with our obligations under the Privacy Act and our privacy policy, if applicable, is available on our website.

Our privacy policy, if applicable, explains how you can seek access to and correction of your personal and sensitive information. For queries or complaints about your personal information, please contact the privacy officer