**COURT FUND APPLICATION**

|  |  |
| --- | --- |
| **Name of Agency/Organisation** |  |
| **Contact Name** |  |
| **Contact Number** |  |
| **Contact Email** |  |
| **Contact Address** |  |
| **Position held in Organisation** |  |
| **Organisation BSB & Account Number** |  |

**GIVE A BRIEF DESCRIPTION OF THE PURPOSE/AIM OF YOUR ORGANISATION**

*An organisation that provides a charitable or community service for the benefit of Victorian Citizens may be eligible to receive funds.*

**REGION / AREA SERVICED**

**PLEASE OUTLINE THE INTENTION FOR THE COURT FUND MONEY**

*Agencies are to use Court Funds for charitable or community service purposes. Funds are not to be used for administrative purposes. Where possible, an itemised quote for purchases the monies are sought for should be included.*

|  |  |
| --- | --- |
| **Sign ……………………………………………………….** | Once the above is completed, **please attach a copy of your latest** **Annual Report,** and send application tocourtfund@courts.vic.gov.au  |
| **Date ………………………….**  | Or mail to:Court Fund Administrator11/181 William StreetMelbourne, VIC 3000 |

***COURT FUND COMMITTEE USE ONLY***

**NAME OF ORGANISATION** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **COURT** |  |
| **APPROVED FOR $ AMOUNT** |  |
| **PAYMENT SCHEDULE (circle applicable option)** |  **ONGOING / ONE OFF PAYMENT** |
| **OR** |
| **REJECTED ON THE FOLLOWING GROUNDS** |
|  |
| **SIGNED BY COMMITTEE:**     NAME 1: NAME 2: NAME 3:   DATE: DATE: DATE: **PLEASE PRINT NAME AND DATE UNDER SIGNATURE** |

**PLEASE FORWARD COMPLETED FORM TO COURT FUND ADMINISTRATOR FOR PROCESSING**

courtfund@courts.vic.gov.au

**OR**

Court Fund Administrator

11/181 William Street

Melbourne, VIC 3000