

Senate Standing Committee on Finance and Public Administration

ANSWER TO QUESTION ON NOTICE

Human Services Portfolio

Health Services Australia

Budget Estimates 2007-08 - May 2007

Question: HS54

Outcome #, Output #

Topic: Health Services Australia – HSA Group Community Fund

Hansard Page/Written Question on Notice: F&PA 135

SENATOR LUNDY asked on 24/05/2007:

Mr Kmet—The community fund is something that was established last year. It is a fund that links our staff members with activities that they—

Senator LUNDY—I appreciate that. How do you apply; is there a form?

Mr Kmet—There is a form. It is on our intranet. It is available to staff members.

Senator LUNDY—Could you provide one to the committee?

Mr Kmet—We could, yes, absolutely.

Senator LUNDY—Thanks.

Answer:

Please see Attachment A.

Application Form Expression of Interest



Please complete and return a signed copy to our Fundraising Coordinator:
Rhonda Cameron by fax to (02) 6269 2185 or email rhonda.cameron@hsagroup.com.au
(Note: if you wish to email this form you must SAVE the form first, and then open in Microsoft Word)

1. CONTACT DETAILS

Name:
Office Location:
Mailing Address:
Contact Phone: Mobile:
Email:

2. Grant or Sponsorship Details

Name of Event/Activity:
Date/Duration of Event/Activity:
Venue & Address (if applicable):

Briefly outline the activity which you are requesting assistance with:
.....
.....

Who is/are the group of people you would like to assist:
.....
.....

What is your connection with this group?
.....

Does your nominated group have an ABN number if yes please list:

Is your grant / sponsorship Tax deductible? If yes please include a copy of the donation form with your attachments.

Please explain how you can make a difference with the help of the Fund:
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.....

3. Corporate Identity

Will our Corporate logos be used as part of this sponsorship. If yes, please advise where and how it will be applied:

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.....
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4. Funding Request Details

Duration of Funding (Please specify the timing of any specific events or activities):

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.....
.....
.....

List any attachments provided with this Application:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

5. Reporting Criteria

If you are successful in obtaining a grant, you will be required to report to the HSA Group Executive on the progress of your Event/Activity at the completion of a single event or activity, or half yearly if the project or program is ongoing. If the Executive find that the aims of your Event/Activity aims are not being met funding may be discontinued at the discretion of the HSA Group Executive.

The following information should be present along with any other material requested by the HSA Group Executive.

- 1. Provide information on
 - a. Progress of Events/Activities
 - b. Location, date & time of Events/Activities
 - c. Level of Interest from Community

- 2. Printed copies of
 - a. Flyers, posters or printed information
 - b. Electronic documents (website, emails, radio announcements, Television Advertisements)

6. Agreement

I/We of agree to the conditions and Reporting Criteria in the Expression of Interest for the Community Fund.

Fundraiser (Please Print):

Signature:

Date: