



**United Way**

Central Coast Community Chest

*Give where you live*

## Central Coast Community Chest Application for Beneficiary Status

### About the Central Coast Community Chest

**Mission Statement:** *To enhance the organised capacity of people to care for one another.*

#### **Origins:**

- Non profit broad based charitable fundraising organisation established in 1980 by a group of business, health and community members seeking to improve and strengthen the Central Coast community.

#### **Why?**

- By pooling resources towards a common cause of supporting local charitable organisations..
- Money raised on the Central Coast stays on the Coast for distribution to well-run charities and community organisations with worthwhile projects.
- All community partners (charities) must meet stringent approval criteria and have a CFN.
- Allocations made on a proof of need basis **not** to accumulate for a *rainy* day.
- Administered by a governance aware volunteer board of local business and community people.
- **Specific Requirements:**
- Demonstrated community benefits are the focus for all approved allocations.
- Groups targeted may be children, youth, family, women, men, aged, disabled or community.
- Services targeted may be welfare, health, development, education and or recreation.
- Approved purposes and projects will be monitored and proof required to ensure funds are spent as agreed
- Financial reports are assessed with particular attention to administration costs.
- Community Partners should have a strong volunteer ethic.

Your application will be assessed at the next quarterly meeting of the Allocation Sub Committee which meets in February, May, August and November. The recommendation of that committee will be ratified, or not, at the following monthly meeting of the Community Chest Board after which you will be advised of their decision.

Currently more than 80 Central Coast charities are already on the beneficiary list.

**Please return forms to: Central Coast Community Chest, P O Box 1125, Gosford NSW 2250**



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**Request for Beneficiary Status**  
 Date.....

**Organisation Details**

Please keep a copy of these details and update each time an allocation submission is made.

Full Name of Organisation.....

Are you under the Auspices of a Governing Body? Yes/ No

If so, Name of that Body is.....

Your Postal Address:.....

.....

Registered Office Address:.....

Name of Contact Person :.....

Position..... Mobile.....

Phone No:.....Fax .....

Email Address: .....

ABN.....

CFN.....

Are you an Income Tax Exempt Charity? Yes / No

Legal status of organisation.....

Origin of Organisation.....

Mission Statement or Aim.....

.....

Service(s) provided .....

.....

.....

**Annual Reports and Audited Financial Statements are required each year as they become available.**



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**Request for Beneficiary Status**

**Who benefits from your service**.....  
.....  
.....

**Any specific requirements**.....  
(age,gender or.....)

**Do you charge for services**    **Yes / No**                      *If Yes,* describe policy and details.  
.....  
.....

**Referrals:** Which organisations or professionals refer clients to your organisation?  
.....  
.....

**Do you have Members?**    **Yes / No**    *If Yes* How many?     Cost \$.....

**Current Executive/Board/Committee details:**

Name	Position	Occupation
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Number of Directors on your Board**                       **Meetings held annually**

**Grants Applied For and Received:** *If not enough space, please attach.*  
.....  
.....  
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**On a separate sheet please give a summary of fundraising activities you have organised to assist your group. It would be helpful to give gross and net dollar results.**