## www.peak2park.org.au



EMAIL info@peak2park.org.au PHONE 07 4639 2233
POST PO Box 1303 Toowoomba Queensland 4350

Healthy Active Lifestyles Toowoomba Incorporated ABN 93 027 517 730

PEAK 2 PARK (HEREAFTER P2P)

## **Beneficiary Application Form**

Organisation Name				
ABN				
Registered for GST	Yes		No	
Postal address				
Contact Person				
Role within Organisation				
Telephone				
Email				
WHICH OF THE FOLLOWING E	BEST DESCR	IBES YOUR	ORGANISATIO	N?
Not for Profit Organisation	BEST DESCR	IBES YOUR	ORGANISATIO	N?
Not for Profit Organisation	BEST DESCR	IBES YOUR	ORGANISATIO	N?
Not for Profit Organisation  Incorporated Community	BEST DESCR	IBES YOUR	ORGANISATIO	N?
Not for Profit Organisation Incorporated Community Organisation Local Government Authority (on behalf of a Not for Profit	BEST DESCR	IBES YOUR	ORGANISATIO	N?

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AND DISTRICT COMMUNITIES WILL RECEIVE AS A 150 WORDS)	KESULI UF	THESE FUNDS	<i>:</i> (
LEVEL OF COMMITMENT SOUGHT FROM YOUR OR	GANISATIC	DN	••••
(NB desirable but not essential – it is understood that small of a large membership base from which to draw volunteers)	organisations	may have contact	s k
Please indication if your organisation could assist with the fo	llow tasks at	the next P2P ever	t:
Marshalling at Picnic Point before event	Yes	No	
Assisting with directing parking at Picnic Point before event	Yes	No	
Cutting up fruit at Lake Annand prior to end of event	Yes	No	
Supporting event participants by lining course route at Lake Annand	Yes	No	
Can you provide a representative to speak at schools and organisations during our recruitment campaign	Yes	No	
Please briefly outline further areas where you believe you or the success of the P2P event:	your organis	ation could contri	bu
HOW WILL YOUR ORGANISATION RECOGNISE THE	SUPPORT	PROVIDED BY I	2
P2P logo on written materials relevant to projects attracting funds	Yes	No	
P2P logo on website	Yes	No	
P2P in social media presence	Yes	No	

NOTE: PERMISSION IN WRITING MUST BE SOUGHT PRIOR TO ANY USE OF THE P2P LOGO OR NAME.

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	GET FOR YOUR PROJECT INCLUDING TI 'S BELOW AS NECESSARY)	IE REQUESTED AMOUNT
Provider	Item/Service/Details	Amount in \$
	QUESTS FOR FUNDING FOR THIS PROJE GANISATIONS OR BUSINESSES (ADD RO	
AGENCIES, ORG	GANISATIONS OR BUSINESSES (ADD RO	
AGENCIES, ORG	GANISATIONS OR BUSINESSES (ADD RO	

