

THE IAN AND NELL CLARK ENCOURAGEMENT FUND

ABOUT THE FUND

The Fund is financed by the personal donations of its sponsors, a private couple who offer prompt assistance to individuals who can find no help elsewhere and are in circumstances where a modest and once only gift will make a powerful difference.

Its budget is derived entirely from retirement assets, and its sponsors' ability to help is accordingly limited. For that reason the objectives set are also modest. The Fund does not provide for primary or ongoing needs or big ticket items. Personal hobby and creative activities which feed the soul and are unsupported elsewhere are encouraged.

AIM

The sponsors' ambition is to offer hope while discouraging dependency, and to boost self esteem and provide a lift in spirits with the realization that 'out there' are strangers who care.

Their ambition is to extend prompt assistance to people whose otherwise unrecognized but vital needs are such that a once only and fairly small gift at a critical time can make a lasting and potent difference.

The Fund is not to be seen simply as another 'program' to be accessed. Submissions should be targeted to address its special aims.

WHO IS ELIGIBLE?

The clients of organizations endorsed by the ATO as a 'Deductible Gift Recipient' who need financial assistance to meet legitimate needs, and who, having exhausted all other avenues of support including extended family and friends, are unable to obtain help elsewhere.

OUR REQUIREMENTS

Applications must be made by the Deductible Gift Recipient which is prepared to apply the donation without deduction for the specified purpose on behalf of its recommended client.

THE FUND PROVIDES

A once only contribution, preferably of less than \$1500.

IF YOU THINK WE CAN HELP YOUR CLIENT

With any necessary consents complete the Application Form, include details of other fund raising efforts, attach any supporting documents which may help, and forward to:

THE IAN AND NELL CLARK ENCOURAGEMENT FUND

12 GLOVER ST, SOUTH MELBOURNE, V3205. Ph 9690 8539 Fax 9696 3528

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Request for funds to enhance the independence and boost the spirits and self-esteem of:

Client's Name:Date of Birth:

(Parent or Guardian:))

Address:.....

.....P/Code

Phone: Bus. Hours.....After Hours.....

Name, address and ABN of the Tax Office approved Deductible Gift Recipient sponsoring this application:

.....P/CodeABN.....

Name and position of Sponsor's representative signing below:

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Phone: Office:Direct: Mobile:

Have we previously funded this Client for any purpose through the present or any other Sponsor? If Yes, date, amount, purpose and Sponsor:

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Discussion of Need - Health/Family/Financial circumstances:

Please report on your Institution's letterhead on the health, family financial, and other circumstances relevant to your request for a grant from this approved Fund - attachments as appropriate.

Total Cost: \$..... Contribution Requested: \$.....

Other Funding applications (including family and friends) and results:

1.).....

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2.)

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3.).....

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4.).....

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All of the above details in support of this Application are true and correct.

Client/Guardian to sign:.....Date:

Sponsor to sign:Date: