

**GSC COVID 19 Fund for Needy Persons (FFNP) Application Form**

**(PLEASE COMPLETE ON A COMPUTER AND SAVE AS A WORD DOCUMENT)**

**Name of Church:**

**Church pastor:**

**Best contact number for pastor:**

**Email for pastor:**

**Name of person completing application form:**

**Telephone numbers:**

**Email:**

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**Name of proposed beneficiary and partner:**

**Residential address:**

**Telephone:**

**Email:**

**Relevant background:**

**Rationale/current need:**

**How is this need related to the COVID 19 pandemic?**

**Is the beneficiary eligible for government assistance?**

**Please provide a summary of current financial circumstances:**

**Fortnightly income:**

**Fortnightly expenses:**

**What assistance is requested? (attach documentation if possible)**

**If approved, will this financial support assist in reducing the likelihood of poverty?**

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**DONOR DETAILS**

**Name of donor:**

**Address of donor:**

**Amount of funds to be donated:**

**Will the beneficiary’s financial challenges remain after these funds have been exhausted?**

**How are these funds to be used i.e. regular or ongoing payment? \***

**What is the BSB, account name/number and reference code for payment?**

**What other agencies have helped or are assisting with this financial problem?**

**Date of application:**

**\*NOTE funds will not be paid directly to beneficiary but will contribute towards rental arrears, debts etc**

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*OFFICE USE ONLY*

Recommendation of FFNP Secretary:

Committee approvals:

Date payment(s) made:

Further developments: