

Ex Gratia Grant Application Form

SA Police Legacy aims to support the policing community when in need. Occasionally an individual or family may require financial support that is not covered by an existing policy or grant. An ex gratia payment may be considered by the board for extraordinary circumstances where the need aligns with our purpose and values. Eligible applicants include serving sworn members and their immediate family, retired members, legatees and young legatees.

Ex gratia payments are made on an individual case basis with the decision taking into consideration the unique circumstances of the request, and the guidelines outlined in the policy. Payments must be consistent with the goals, purpose, vision, mission, and values outlined in the SA Police Legacy strategic plan, and for a proper purpose. Approval of Ex Gratia Grants are made at the SA Police Legacy board's discretion including the amount of the grant based on the information received in the application.

If you have any queries about the application process, please contact us on 8232 5513 or by email: info@policelegacysa.org.au. To apply for the Ex Gratia Grant, please complete all fields and return by email or post.

1. Applicant details	
Name:	
Please tick:	☐ I am a Serving Member ☐ I am family of a Serving Member
ricase tick.	I am a Retired Member
-	I am a Young Legatee (under 21 years)
Date of birth:	
Address:	
Phone:	
Email:	
2. Daveau assuulativa this favor	(if different to above)
2. Person completing this form	(ii dillerent to above)
Name:	
Relationship to Applicant:	
Phone:	
Email:	
Description of the applicant'	s situation
Please provide a detailed summ	ary of the applicant's situation, including financial, social, emotional,
psychological stresses (use addit	tional paper if required):

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Accident Fund, leave bank, Re	ther sources of income, eg. spouse/partner's income, superannuation, Sick & turn to Work SA (Workcover), income protection insurance, Centrelink, outions? If yes, please specify source and amount:
Details of any other financial s	support received, eg. loan from family or friends:
	stance requested from SA Police Legacy: \$
5. Applicant bank details	
Account Name:	
BSB:	
Account Number:	
Name of Bank / Credit Union:	
6. Applicant declaration	
I declare that the information	provided on this form is true, accurate and complete.
Name:	
	Date:
*If the applicant is under 18 year	s of age, this section must be completed by a parent/guardian.
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Please return completed application form to Liaison Officer, Members & Young Legatees

Email: info@policelegacysa.org.au

Treasurer's Use Only		
Amount:	Date Paid:	Method: