



Donations Application Form

Address applications to:

General Manager
Balranald Shire Council
PO Box 120
BALRANALD NSW 2715

Privacy Management

Information provided in this form is required in order to process the application. Provision of the information is voluntary; however, if insufficient information is provided, Council will be unable to process the application. The information will be available to authorised officers and may be made available to public enquiries under Government Information (Public Access) Act 2009.

GUIDELINES FOR APPROVAL OF COUNCIL DONATIONS

Council's donation program is a opportunity to give funding and recognition to individuals, community groups and organisations that play an important part in helping develop the region's environmental sustainability, community wellbeing, economic prosperity and cultural life.

Council donations generally do not apply to individuals however in certain circumstances donations may be provided.

Organisations will be eligible for a maximum of \$500 per financial year. Applications are required to meet eligibility criteria outlined in Council's Donations Policy.

More information regarding this funding can be requested by contacting Council's Director of Corporate & Community Services, on (03) 5020 1300.

1. Community group or organisation details

Please note, to avoid duplication, the details provided below will become your organisation's principle contact for all correspondence relating to the Donations Programme.

Community group or organisation: _____

Postal address: _____

Contact person: _____

Position: _____ Telephone No: _____

E-mail address: _____

2. Objectives of your community group or organisation:

3. Is your organisation not for profit? Yes / No

4. Is your organisation registered for GST? Yes / No (please circle)

5. ABN Number (if applicable): _____

6. Project or Event Name: _____

7. Amount Requested \$: _____

8. Is the project still viable if your community group or organisation receives less than the requested amount?
Provide reason

9. If income exceeds expenses what will happen to the excess funds?

10. Project Details – please complete the section below or attach a copy of your event plan

Brief project description			
What are you going to do?			
When are you going to do it?			
Where are you going to do it?			
Who is involved?			
Why are you doing it?			
Start Date		Finish Date	
List each component of your project		Cost of component	Amount requested from Council
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL (include gst)		\$	\$
Please list any funding your organisation has received in the past 18months (Council and External)			
Date funding received	Amount of funding	Purpose of funding	Have you met all the acquittal conditions of previous funding?

Name: _____

Name: _____

Position: _____

Position: _____

Signature: _____

Signature: _____

Date: _____

Date: _____