

**Organisation Information** 

ABN: 46 211 642 339 PO Box 420, Cootamundra NSW 2590 Email: mail@cgrc.nsw.gov.au www.cgrc.nsw.gov.au

# **Annual Community Donations Application Form**

For not-for-profit organisations, Schools, Community groups, and Individuals applying for a donation.

*Name of Organisation:				
*Organisation Address:				
Organisation website:				
*Contact Person:				
*Phone Contact:				
*Email address:				
ABN or ATO No:	If you do not have an ABN or ATO, attach a copy o	f the Organisation's	adopted Constitution.	
Applicant Information (In	dividuals only)			
*Name of Applicant:				
Applicant Address:				
Phone Contact:				
*Email address:				
***************************************	Information or an incident			
*Additional Organisation Information (if applicable)				
Is the Organisation a not-for community service organisation	☐ Yes	∐ No		
Is the organisation a government entity with an existing partnership with Council?		☐ Yes	□ No	
Where do the Organisation's				
Are the majority of members residents of the Cootamundra-Gundagai local government area? Please attach evidence of membership if applicable.		☐ Yes	□ No	
Do members pay to join the organisation and / or attend an activity?		☐ Yes	□ No	
If yes, please list or details the associated costs, or member fee:				



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*Description of Request	
Please provide name and description of activity/event:	
Attach additional information if necessary.	
How will the requested donation be spent?	
List/ detail items to purchase or purpose for funds.	
Attach quotes if available.	
Date(s) and Time(s) of activity/event:	
bate(s) and mile(s) of activity/events	
Where will the activity/event be held?	
Town/Location, Facility	
	acility, a booking must be made PRIOR to submitting
this application, and the fee/amount requested mu	ist be detailed on this form where appropriate
How many Cootamundra-Gundagai residents do you	
anticipate will participate in the event/activity?	
How do you foresee this activity/event benefiting the	
Cootamundra-Gundagai community?	
Please detail justification for council support.	



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Financial Request							
1. Funding will be provided subject to Council Resolution, availability, and in accordance with the criteria outlined in the application.							
<ol> <li>Please ensure you have reviewed this ap consideration of Council.</li> </ol>	, , , , , , , , , , , , , , , , , , , ,					its submission for the	
*Amount Requested:		Financial Support:			In-Kind Support (if applicable):		
A requested figure must be detailed. Note 1 above.		\$	\$		\$	\$	
Details of in-kind support requested (if applic	:able):						
*Is the amount requested to cover fee for hire facility?	of council		□ Yes	5		□ No	
racinty!		submitt		plicant	and c	ng form/s must be applicable fee/ amount ve.	
*Have you <u>received</u> funding from, or have you <u>sought</u> funding from any other source for this request?			Received:	☐ Yes		□ No	
			Sought:	☐ Yes	5	□ No	
*If yes, please provide details and \$ amounts:					1		
*Payment Information							
Please provide Banking Details to assist with Bank / Financial Institution	Account Na		ıla your apı	olication	i be s	uccesstul.	
BSB:	Account No	:					
-APPLICABLE FOR SCHOOLS ONLY- Payable to:							

# If application is successful

# **CONDITIONS:**

- 1. The applicant must acknowledge Cootamundra-Gundagai Regional Council in any advertising, marketing and promotion of an event as a supporter/sponsor. Council can supply the necessary promotional signage to be displayed at your Event/ Activity. Signage is available at the Council Offices.
- 2. Recipients must provide Council with a report and/or photographs showing the benefits, and outcomes delivered with the donation, prior to 30 June, following the funding period.
- 3. Successful applicants can only make one request for support (In-Kind or Financial) in a financial year.



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# **Confirmation and Acknowledgement of Information**

# I acknowledge that:

- 1. I have attached Proof of Organisational Status.
- 2. I have attached all requested information and relevant additional information to support my application.
- 3. The organisation/individual can be contacted by CGRC officers, if required, to confirm or clarify details made or omitted from application.

# If successful, I acknowledge that:

- 1. CGRC will be recognised in any advertising, marketing and promotion of the event as a supporter/sponsor. (CONDITION 1)
- 2. The organisation can and will demonstrate that the funds/in kind support was spent or used wisely to achieve the objective of the request. (CONDITION 2)
- 3. This application will be the only request for Council support in the applicable financial year. (CONDITION 3)
- 4. Consideration of future donation requests will be contingent on meeting or exceeding agreed outcomes and adhering to conditions of previous successful applications.
- 5. The application may be available for public viewing via CGRC business paper and or website.
- 6. The organisation has provided and considered a detailed plan on its own financial situation and understands that it cannot solely rely on Council support for the success of the Activity/Event.

I certify that the information provided is true and correct to the best of my knowledge.

*Name of Applicant: (Print)		
Position in Organisation: (if applicable)		
*Signature:	*Date:	

By signing this document, you acknowledge and confirm that you have provided all necessary information listed above and will adhere to the conditions of a successful application.

# Submission of completed application form and supporting documentation:

Drop into the Cootamundra or Gundagai Office

Email to Mail@cgrc.nsw.gov.au or Post to PO Box 420 Cootamundra NSW 2590

\* = Applicant must provide information.

Office Use
Date received:
Financial Year applicable: