



Application for Donation

For not for profit organisations, community groups, and individuals applying for a donation.

Applicant Information	
Name of Organisation:	
Organisation Address:	
Organisation website:	
Name of Applicant:	
Applicant Address:	
Phone Contact	
Email address	

Organisation Information	
Is the Organisation a not for profit charity, Association or community service organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABN or ATO No: <i>If you do not have one, attach a copy of the Organisation's adopted Constitution.</i>	
Is the organisation a Government entity with an existing partnership with Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where do the Organisation's activities occur?	
Are the majority of members residents of the Cootamundra-Gundagai local government area? Please attach evidence of membership if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do members pay to join the organisation and / or attend an activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the costs associated:	



Description of Request	
Please describe the activity/event and the justification for Council support. <i>(attach additional information if necessary)</i>	
Date(s) and Time(s) of activity/event: NB: If requesting a donation for the hire of a Council facility, a booking must be made PRIOR to submitting this application.	
Where will the activity/event be held?	
How many Cootamundra-Gundagai residents will participate in the event/activity?	
How will this activity/event benefit the Cootamundra-Gundagai community?	
How will the requested donation be spent?	

Financial Request	
<p>Funding will be provided subject to Council Resolution, availability and in accordance with the criteria outlined in the application.</p> <p>Please ensure you have reviewed this application and included any attachments prior to its submission for the consideration of Council.</p>	
Amount Requested:	\$
Have you received funding from, or have you sought funding from any other source for this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

Payment Information	
Please provide Banking Details to assist prompt payment should your Application be successful.	
Bank / Financial Institution	
Account Name	
BSB:	Account No:

Confirmation and Acknowledgement of Information	
<ul style="list-style-type: none"> ○ I have attached Proof of Organisational Status. ○ I have attached all requested information and relevant additional information to support my application. ○ I certify that the information provided is true and correct. ○ I acknowledge that in the event that this request for donation is successful, consideration of future requests will be contingent on meeting or exceeding agreed outcomes. ○ The organisation can demonstrate that the funds/in kind support was spent or used wisely to achieve the objective of the request. ○ The request will be available for public knowledge via CGRC website. ○ If successful this application will be the only request for Council support in the current financial year. ○ The organisation has provided and considered a detailed plan on our own financial situation and cannot rely on Council for funds for the success of the application. ○ Should the application be successful CGRC will be acknowledged in any advertising, marketing and promotion of an event as a supporter/sponsor. ○ The organisation can be contacted by CGRC officer, requesting details arising from Council's support. 	
Name of Applicant (<i>Print</i>)	
Position in Organisation (if applicable)	
Signature:	Date: