



**Applicant Information** 

# **Annual Community Donations Application Form**

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

*Name of Organisation:					
(If Applicable)					
*Organisation Address:					
(If Applicable)					
Organisation website:					
(If Applicable)					
*Name of Applicant:					
Applicant Address:					
Phone Contact:					
*Email address:					
Organisation Informatio	n (if applicable)				
Is the Organisation a not-for-profit charity, school, association, or community service organisation?			☐ Yes	□ No	
ABN or ATO No:					
If you do not have one, attach a copy of the Organisation's adopted Constitution.					
Is the organisation a government entity with an existing partnership with Council?			☐ Yes	□ No	
Where do the Organisation's activities occur? (location)					7 7
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 the costs associated:					



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

*Description of Request	
Please describe the activity/event and the justification	
for Council support.	
(Attach additional information if necessary)	
Date(s) and Time(s) of activity/event:	
*If requesting a donation for the hire of a Council facility, a booking must be made PRIOR to submitting	
this application, and the fee/amount requested must	
be detailed on this form where appropriate.	
Adhana will the anti-the format had also	
Where will the activity/event be held?  (Town/Location, Facility)	
(Town, Location, Tacinty)	
How many Cootamundra-Gu <mark>ndagai residents do you</mark>	
anticipate will participate in the event/activity?	
How do you foresee this activity/event benefit the	
Cootamundra-Gundagai community?	
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How will the requested donation be spent?	



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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.						
2. Please ensure you have reviewed this application and included any attachments prior to its submission for the consideration of Council.						
*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						
*Is the amount requested to cover fee for hire of council facility?			☐ Yes		No	
	*If Yes, the applicable hire booking form/s must be submitted by the applicant and applicable fee/ amount requested must be detailed above.					
*Have you received funding from, or have you sought funding from any other source for this request?			☐ Yes		No	
*If yes, please provide details:						
				1/		
*Payment Information						
Please provide Banking Details to assist with			<mark>ld your applic</mark> atio	n be succ	essful.	
Bank / Financial Institution	Account Na	lame:				
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: