

# Sponsorship and Donations (updated June 2023)

## Form Preview

### Sponsorship and Donations Application Form

\* indicates a required field

**Have you spoken to a council officer about your application ? \***

☐ Yes

☐ No

It is mandatory to speak with a council officer prior to submitting an application

**Name of your Council contact? \***

**Your contact details \***

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Address \***

Address

<input type="text"/>
<input type="text"/>

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be an Australian postcode.

**Email**

Must be an email address.

**Phone Number \***

Must be an Australian phone number.

**Website**

Must be a URL.

**Is your organisation a non-profit, community based organisation? \***

☐ Yes

☐ No

No more than 1 choice may be selected.

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### Is your organisation registered for GST? \*

- ☐ Yes  
☐ No

No more than 1 choice may be selected.

### If yes, what is your organisation's ABN?

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Project Name

### Please outline the main objectives of the proposed project/ event/ initiative/ communication \*

Provide background information, objectives, scope and location

### Is your project or event occurring in Wodonga? \*

- ☐ Yes  
☐ No

At least 1 choice and no more than 1 choice may be selected.

### What are the planned activities? \*

### Project Start Date

Must be a date.

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Note, this must be at least 8 weeks away.

**Please explain how your proposed project/ event/ initiative/ communication will benefit the Wodonga community \***

Word count:

Please refer to sponsorship and donation guidelines- page 2

**Why does this work need to be done? \***

Word count:

**Who will benefit from the proposed activities? \***

Word count:

Indicate the target audience, audience size and demographic information

**What support is sought from Wodonga Council \***

Word count:

Amount required in cash and/ or via in-kind support

**What will the funds provided by Wodonga Council be used for? \***

Word count:

### Supporting Documentation

Attach a file:

Please provide any additional documentation to support your application. This may include collateral, reports from previous events, further explanation of sponsors benefits and references from participants, supporters or other sponsors.

## Sponsorship and Donations

**Please select if you are applying for sponsorship or donation \***

- ☐ Sponsorship  
☐ Donation

At least 1 choice and no more than 1 choice may be selected.

If unsure, please contact Grants Officer

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**If applying for sponsorship, please list sponsorship benefits for Wodonga Council**

If unsure, please refer to the sponsorship and donations guidelines.

## Budget

**Total Amount Requested**

\$

What is the total financial support you are requesting in this application?

**Total Project/Program Cost**

\$

What is the total budgeted cost (dollars) of your project?

**What other funding inputs will you need Confirmed?  
in order to successfully carry out this project?**

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant**

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**organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

**How many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60 minutes

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**