Sponsorship and Donations Application Form

* indicates a required field

☐ Yes ☐ No	u spoken to a council officer about your application ? * atory to speak with a council officer prior to submitting an application
Name of	your Council contact? *
○ Individu	etact details * ual Organisation ion Name
Title	First Name Last Name
Address Address	*
	State Postcode Australian postcode.
Email	
	email address.
Phone N	
	Australian phone number.
Website	
Must be a	
□ Yes	rganisation a non-profit, community based organisation? * nan 1 choice may be selected.

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 informat check that you have entered the ABN correctly.	cion. Click Lookup above to
Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type <u>More information</u>	
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
Project Name	
r roject name	
Please outline the main objectives of the proposed projectives	ect/ event/ initiative/
communication *	
between 100 and 400 characters Provide background information, objectives, scope and location	
Is your project or event occurring in Wodonga? * ☐ Yes ☐ No At least 1 sheles and no more than 1 sheles may be selected.	
At least 1 choice and no more than 1 choice may be selected.	
What are the planned activities? *	
Project Start Date	
Project Start Date	

Sponsorship and Donations

□ Sponsorship

Must be a date. 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: Must be between 50 and 400 characters. Please refer to sponsorship and donation guidelines- page 2 Why does this work need to be done? * Word count: Must be between 50 and 300 characters. Who will benefit from the proposed activities? * Word count: Must be no more than 200 characters. Indicate the target audience, audience size and demographic information What support is sought from Wodonga Council * Word count: Must be no more than 300 characters. Amount required in cash and/ or via in-kind support What will the funds provided by Wodonga Council be used for? * Word count: Must be between 50 and 300 characters. **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.

Please select if you are applying for sponsorship or donation *

☐ Donation At least 1 choice and no more than If unsure, please contact Grants Off	
If applying for sponsorship,	please list sponsorship benefits for Wodonga Council
If unsure, please refer to the sponso	orship 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 win order to successfully carry project?	
Non-financial inputs could include s	

Certification and Feedback

in-kind contributions, advocacy, and other types of

* indicates a required field

Certification

support.

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 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.

l agree *	○ Yes		○ No					
Name of authorised person *		First Name senior staff member, volunteer	Last Name , board member or	appropriately				
Position *	Position he	eld in applicant orgar	nisation (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 ar	n 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 ○ Very easy ○ Easy	d the onli			ery difficult				
How many minutes in total die Estimate in minutes i.e. 1 hour = 60		you to complete	this application	n? *				
Please provide us with your s additions to the application p								