



APPLICATION FOR SPONSORSHIP

Office Use Only
Records Department

File No:

Document No:

COMPLETE THIS FORM USING THE COMMUNITY GRANTS AND SPONSORSHIPS GUIDELINES DOCUMENT

APPLICANT DETAILS

Name of Organisation: _____

Postal Address: _____

Contact Name: _____

Phone Business Hours: _____ Phone After Hours: _____ Mobile: _____

Email: _____

APPLICATION TYPE: Community Group (continue below) Individual (Please complete description of Project Section)

1. What is the role of your group?

Provide brief details:

2. Does your group/organisation prepare an annual financial statement? Yes No

If YES: Please provide a copy of the financial Statement for the last financial year.

ABN/Incorporation Number: _____

3. If your organisation is not incorporated

Please name the incorporated association that will receive and administer the grant on your behalf, attach a letter from that association to confirm this arrangement, please record their details in the EFT section on this form.

Organisation Name: _____ ABN: _____

Contact Name: _____ Phone Number: _____

4. Is your organisation registered for GST? Yes No

If YES a Tax Invoice will be required for payment of the granted amount, if successful.

Description of project

(please answer all questions you believe to be applicable. Refer to the Grants and Sponsorship guidelines if you have any questions)

1. Project/Event

Title: _____

Location of Project/Event: _____

Project/Event start date: _____ Project/Event completion date: _____

2. Please provide a brief description of your project/event.

3. Have you acquired all necessary permits and/or approvals for the proposed project/event?

Yes No Not applicable

If YES: Please provide details and copies of all permits and approvals obtained. Also provide details of any outstanding permits/ approvals.

4. Does your insurance cover the prescribed activity?

Yes No Not applicable *If YES to the question above, please attach a certificate of currency.*

5. Have you prepared a project/event plan which identifies possible risks and how these will be addressed? (A risk plan will be required for all public events)

Yes No Not applicable

If YES: Please provide a copy of the project plan, including details of any risk assessment undertaken and actions proposed to mitigate identified risks.

6. How does your project/event/proposal align with the priorities set out in the Council Plan and your Community Plan? (Refer to Guidelines document)

7. Why is the project necessary? What does your project intend to achieve and how?

8. How many people will benefit from the project and how will the project be of value to them and the community? Who will be involved?

9. How will you promote your project/event in the community? Is there an opportunity to acknowledge the Buloke Shire's contribution to your project?

Provide brief details:

10. Does your project/event offer any opportunities to promote living in Buloke or conducting business in Buloke?

Provide brief details:

Budget Information

Please note the following when preparing the Budget page:

- Please attempt the budget page before seeking assistance.
- Start with the Project Cost section and try to list all the possible costs.
- An in-kind contribution is a non-cash contribution that is given a monetary value. For example, your labour on the project. If you put 10 hours voluntary work toward the project then multiply that by \$41.72 per hour, this gives an in-kind contribution of \$417.20. Loaned equipment is also an in-kind contribution. For example, a trailer used for four hours would normally cost \$15 an hour, so that's a \$60 in-kind contribution.
- When calculating voluntary hours, only calculate the hours spent by volunteers preparing, planning and actually doing the specified project.
- If you require assistance with your application form please call Council on **1300 520 520**.
- If necessary, attach a separate project budget and ensure all associated costs are detailed.
- All expenses involved in undertaking the project must be listed in Project Costs - Section A.

NOTE: Copies of quotes or significant evidence, e.g. quotes for equipment, materials, catering, advertisements, etc., required for your project must be attached as verification. If not attached, your application will not be considered.

BOTH SECTIONS MUST BE COMPLETED - (A) MUST EQUAL (B) The balancing factor is the amount you require from Council

PROJECT COSTS - SECTION A

You must include/attach copies of quotes justifying your request for funding. Please include all event/project costs in this section. **Please specify all event/project costs**

Total Project Cost	\$

PROJECT REVENUE - SECTION B

Please note that you must match Council's funding dollar for dollar, either in cash or in-kind.

1. Amount Of Grant Requested From Council	\$
2. Your organisation's financial contribution	\$
3. Your organisation's in-kind contribution	\$
4. Donations, material, etc.	\$
5. Entrance fees or other	\$
6. Other support (<i>e.g. other funding</i>)	\$
Total Project Revenue	\$

ELECTRONIC FUNDS TRANSFER INFORMATION

If successful, your grant payment will be made via Electronic Funds Transfer (EFT) to your nominated Bank, Credit Union or Building Society Account.

If you do not have a bank account, please provide details of your auspice body or the account details of someone you authorise to receive funds on your behalf.

Please complete the form below In order to ensure the swift payment of funds.

ABN/Incorporation Number:

Organisation Name:

Address:

Phone Number:

Email Address:

Name of Financial Institution:

Address of Financial Institution:

BSB Number:

Account Number:

AUTHORISATION

I hereby verify that the information provided is correct and request that all payments be made by direct deposit to the above account. I have authorisation to provide this information on behalf of the organisation named above.

Name: *(please print)*

Signature:

Date:

CONDITIONS

- 1. The Buloke Shire Council is under no obligation to verify the above bank details. Any changes must be made in writing.*
- 2. The Buloke Shire Council will not be responsible for any delays outside its control e.g. delays or errors in the banking system or errors in account details supplied*
- 3. The Recipient agrees to repay the Buloke Shire Council any payments credited to the Recipient in error.*
- 4. The Buloke Shire Council has the right to accept the authority of the undersigned as conclusive evidence of the person's authority to execute this direct credit application on behalf of the Recipient.*

AGREEMENT

Agreeing to the terms and conditions of the grant/sponsorship funding

I certify to the best of my knowledge that the statements made in the application are true.

I have read the Buloke Shire Council Community Grants and Sponsorship Guidelines.

I understand that I will be required to accept the conditions relating to the funding received from the Buloke Shire Council.

These conditions are:-

1. Supervise the administration of the grant/sponsorship.
2. Use the funds provided for the approved project/purpose.
3. Obtain any required Planning Consent and/or Building Approvals and/or permission from the land/property owner or regulatory bodies or organisations (if applicable) before commencing the project.
4. Seek Council's written approval to continue with the project if there is any change in the project.
5. Acknowledge the Buloke Shire Council on all printed material relating to the funded project or activity and provide evidence of such.
6. An appropriate acknowledgment of Council's funding must be given by the recipient in all promotional material and reports of the project available to the public.
7. Complete the acquittal process at the end of the project and forward a copy to Buloke Shire Council, PO Box 1, Wycheproof VIC 3527.
8. Invite the Mayor and/or Councillors to the project opening and/or event.
9. I/We understand that it is my/our responsibility to obtain all necessary insurances and that the Buloke Shire Council will not be held liable for any matter arising out of this grant.
10. I/We agree to indemnify and keep indemnified the Buloke Shire Council, its employees and agents from and against all actions, costs, claims, charges and expenses whatsoever which may be brought or made to claim against them out of or in relation to the project.

DECLARATION

I declare that the above details are correct and I am authorised to sign on behalf of the organisation or individual applying to the Community Grants Program:

Name: *(please print)*

Title:

Organisation Title:

Project Title:

Date:

Counter Signatory of Management Committee (where applicable)

Signature:

Name: *(please print)*

Title:

LODGEMENT

**Mail:**

Buloke Shire Council
Po Box 1, Wycheproof
Vic 3527

**In Person:**

Wycheproof - 367 Broadway, Wycheproof Vic 3527

**Email:**

buloke@buloke.vic.gov.au

INTERNAL USE ONLY

To be completed by Council

Is the land or building where the proposed activity is to take place under Council care and control? Yes No

If YES to the question above, please indicate the type of arrangement:

Lease/Licence/Other - Specify: _____

Is the activity permitted in accordance with any such agreement? Yes No

If NO to the question above, is the activity approved? Yes No

Is a change to the lease/licence or agreement required? Yes No

Signature: _____

Date: _____

Position: _____

Privacy Information

We respect your privacy. The information collected will only be used by Council for that primary purpose and will not be disclosed to any other party except as required by law. General information that describes the purpose/project for which the application is being submitted and responsible organization or person for which the grant request is being made will be public information.