

Application for General Donation

For not for profit organisations, community groups, and individuals applying for full fee waiver or other requests that fall outside the criteria outlined in the *Community Grants and Assistance Policy 2018*

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 Bayside local government area? Please attach evidence of membership.	<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 :	

Privacy Statement:

The personal information provided on this form will be managed in accordance with the Privacy and Personal Information Protection Act 1998.

Description of Request	
Please describe the activity/event <i>(attach additional information if necessary)</i>	
Date(s) and Time(s) of activity/event: NB: If requesting a Fee Waiver a booking must be made BEFORE submitting this application	
Where will the activity/event be held?	
How many Bayside residents will participate in the event/activity?	
How will this activity/event benefit the Bayside community?	
What part of Council's Community Strategic Plan 2030 does the request address?	
How will the requested donation be spent?	

Financial Request	
<p>Funding will be provided subject to availability and in accordance with the criteria outlined in the Community Grants and Donations Policy 2018.</p> <p>Please ensure you have read this Policy prior to submitting your application.</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:	

Application Form



Payment Information

Please provide Banking Details to assist prompt payment should your Application be successful.

Bank / Financial Institution

Account Name

BSB:

Account No:

Confirmation of Information

- I have read the **Community Grants and Donations Policy** 2018
- I have attached Proof of Organisational Status
- I have read Council's Community Strategic Plan 2030 and
- I have attached all requested information and relevant additional information to support my application
- I certify that the information provided is true and correct

Name of Applicant (*Print*)

Position in Organisation (if applicable)

Signature:

Date:

Forward your application to:

- Mail:** Manager Community Life
Bayside Council
PO BOX 21 Rockdale NSW 2216
- Email:** grantsanddonations@bayside.nsw.gov.au
- In Person:** Bayside Council Customer Service Centres
Westfield Eastgardens, 152 Bunnerong Road, Eastgardens (*enter through the Library*)
Rockdale Council Building, 444-446 Princes Highway, Rockdale (*enter through the Library*)