Application Form



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 Donations 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? | ☐ 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 exsiting partnership with Council? | □ Yes | □ 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. | □ Yes | □ No |
| Do members pay to join the organsation and / or attend an activity? | ☐ Yes | □ No |
| If yes, please list the costs associated : | | |
| | | - |

Privacy Statement:

The personal information provided on this form (including your name and other details) will be handled in accordance with the <u>Privacy and Personal Information Protection Act 1998</u> and may be available under various legislation. Refer also to the Privacy Statement on Council's website.

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| Description of Request | | | |
|--|------------|--|--|
| Please describe the activity/event | | | |
| (attach additional information if necessary) | | | |
| | | | |
| | | | |
| Date(s) and Time(s) of activity/event: | | | |
| NB: If requesting a Fee Waiver a booking | | | |
| must be made BEFORE submiting 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 Councilla Community Stratogic | | | |
| What part of Council's <i>Community Strategic Plan 2030</i> does the request address? | | | |
| · | | | |
| | | | |
| How will the requested donation be spent? | | | |
| | | | |
| - | | | |
| Financial Request | | | |
| | | | |
| Funding will be provided subject to availability and in accordance with the criteria outlined in the Community Grants and Donations Policy 2018 . | | | |
| Please ensure you have read this Policy prior to submitting your application. | | | |
| Amount Requested: | \$ | | |
| Have you received funding from, or have you sought funding from any other source for this request? | □ Yes □ No | | |
| If yes, please provide details: | | | |
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| | | | |

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

- o I have read the Community Grants and Donations Policy 2018
- o I have attached Proof of Organisational Status
- o I have read Council's Community Strategic Plan 2030 and
- I have attached all requested information and relevant additional information to support my application
- o 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:

o Mail: Manager Community Life

Bayside Council

PO BOX 21 Rockdale NSW 2216

o **Email:** grantsanddonations@bayside.nsw.gov.au

o 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)