



DONATION PROGRAM Application Form

Applications can be made all year round

INSTRUCTIONS

You must submit your application using this electronic based application form.

Only use the space provided as excess information will not be considered. Use dot points to convey your message more efficiently.

Do not attach additional information unless requested to do so.

Contact the Community Project and Events Team Leader for any assistance in completing your application on 4677 1100 or council@wollondilly.nsw.gov.au

Priority will be given to individuals experiencing financial hardship.

Applications should be made at least 4 weeks before funding is required.

CERTIFICATION

By submitting this application I acknowledge that I have read and understood the information made available by Wollondilly Shire Council on the Donations Program, including the eligibility criteria and to the best of my knowledge the information provided in this application is true and correct.

I also acknowledge that this application is submitted with both the full awareness and authority of either the organisation under which it is being submitted or, where applicable my parent or guardian.

YES – please tick box

Name of person completing this form	
Date	
Contact Details	Telephone - Mobile -

If this Application is being Auspiced

Name of person from Auspice organisation who has agreed to the submission of the application	
Position within Auspicing organisation	

If this Application is being made by an individual under 16 years of age

Name of parent or guardian	
Has consent been granted to make this application	<input type="checkbox"/> Yes <input type="checkbox"/> No

DONATION CATEGORY

Please tick **ONE BOX ONLY**

- Individual selected on merit to represent at State or National level
 Community organisation or group

ORGANISATIONAL APPLICATION ONLY

Organisation Name	
Street Address	
Mailing Address -if different to above	
What is your organisation's legal status?	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Registered Charity <input type="checkbox"/> Cooperative <input type="checkbox"/> Other – please state:

ORGANISATION CONTACT DETAILS

Name	
Position within organisation	
Telephone during office hours	
Mobile	
Fax	
E-Mail address	

INDIVIDUAL APPLICATION ONLY

Name	
Residential Address	
Mailing Address -if different to above	
Telephone	
Mobile	
Fax	
E-Mail address	

BANK DETAILS

Any financial assistance provided by Council **will only** be provided by way of a direct deposit into a nominated bank account of the organisation or individual.

Account Name	
BSB Number	
Account Number	
Bank Name	

DONATION DETAILS

Name of Event, project activity or competition for which the donation is being requested	
Timeframe	Event or Competition is expected to be held on
	Project or activity will start in and is expected to finish by
Amount Requested – cannot exceed maximum amount allowed - \$250 for individuals and \$500 for organisations	\$
Describe the event, program activity or competition for which the donation is being requested	
What are the expected benefits and outcome of the events, activity or competition?	
Please attach a letter of reference/support or referee contact information to verify the application details	<input type="checkbox"/> Letter of reference/support attached <input type="checkbox"/> Referee Details Name: Contact Telephone:

Linkage to Council's Community Strategic Plan - tick one box only Refer to Procedures for details	<input type="checkbox"/> Looking after the Community <input type="checkbox"/> Caring for the Environment <input type="checkbox"/> Building a stronger economy <input type="checkbox"/> Management and provision of Infrastructure
How does your application address the strategies of the Community Strategic Plan? - tick appropriate boxes Refer to procedures for details	<input type="checkbox"/> Access to a range of activities services and facilities <input type="checkbox"/> A connected and supported community <input type="checkbox"/> Our local environment that is valued and supported <input type="checkbox"/> A community that interacts with and cares for their environment <input type="checkbox"/> A strong local economy providing employment and other opportunities <input type="checkbox"/> Safe, maintained and effective infrastructure <input type="checkbox"/> Access to a range of transport option

INDIVIDUALS APPLICATION ONLY

At which level have you been selected? Are you a resident of the Wollondilly Shire area?	<input type="checkbox"/> State <input type="checkbox"/> National Attach documentation from a 3 rd party that you have been selected on merit for your nominated State or National level competition. <input type="checkbox"/> Yes <input type="checkbox"/> No Priority will be given to individuals experiencing financial disadvantage or hardship. Please attach a letter of recommendation from your coach, instructor or other
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DONATION APPLICATION CHECKLIST

Have you:

- Checked that you or your organisation and the application are eligible?
- Ensured all appropriate persons are aware that this application is being submitted?
- Completed all sections of the Application Form that are required?
- Will attach any required letters required for Individual applications?
- Kept a copy of this Application Form for your records?
- Checked the Application form will be received by Council in an appropriate timeframe?

PRIVACY STATEMENT

Wollondilly Shire Council is collecting personal information from you on this form for the purpose of assisting the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application.

At any time you have the right to access, view or correct the personal information that you have provided. Please also note that information supplied on this document may be the subject of a request to access information under the Government Information (Public Access) Act 2009.

SUBMITTING YOUR APPLICATION

Please save this form to your computer and e-mail it to council@wollondilly.nsw.gov.au with a subject line of Donation Application, along with any required support documents.

Please contact the Community Projects & Events Team Leader on 4677 1100 if you require assistance in completing your application or sending it in.

Donations Program Application Trim 7837