

Application Form – Donations and Sponsorship

This form is provided for applications to the Council for requests of donation/sponsorship or financial assistance. Council's donations and sponsorship program enables council to support local projects, activities and community groups who offer a significant contribution to community outcomes and goals as outlined in the Community Strategic Plan. Please visit the <u>SMRC website</u> for more information.

The total amount of funding available for Donations and Sponsorship is \$50,000.

APPLICATION REQUIREMENTS

All fields in this form must be completed. Applications submitted after the closing date will not be considered.

- 'Project' in this application refers to a project, event or financial assistance
- Applications must include a bank statement.
- Quotes must be supplied per the guide on this form.
- Applications must include a simple budget. For applications over \$5,000 a detailed budget is to be provided.
- For projects over \$5,000 a project plan must be attached, include a scope of works or event details and identify key dates.
- An application for a single item purchase does not require a project plan.
- Projects that extend beyond 12 months must provide annual updates to the committee.
- Requests for financial assistance are required to supply a quote, obtained from the relevant council department, or notice (e.g. rates notice) with their application.
- Every successful applicant must provide an acquittal, including copies of receipts and photos of the completed project. Please note, invoices are not an acceptable substitute for receipts.

SUBMISSION REQUIREMENTS

Ensure you read the application checklist and include all of the required information and documents before submitting your application. When submitting your application, follow the naming conventions for all documents shown on council's website.

When submitting your application by hand or by email the subject/ title must be written as;

"Donations and Sponsorship Application - [Organisation Name]"

SUBMIT YOUR APPLICATION VIA:

E-mail: council@snowymonaro.nsw.gov.au/Post: PO Box 714, Cooma NSW 2630 / In person at a council office

For any further information contact the governance department on 1300 345 345.

APPLICATION CHECKLIST:

To support your application, please indicate which documents have been attached/submitted with this application form.

If required information is not attached, you will be contacted once to provide the information. Incomplete applications may not be approved by the committee.

| *A copy of the group / organisations most recent bank statreasurer's report for the past financial year. | YES | 0 | | | | | |
|---|--------------------|-----------------------|--------------------|-------------------|--|--|--|
| Project budget, detailing expenditure, and other grant fu | YES | NO 🗆 | | | | | |
| Project plan (Required for projects over \$5,000) | YES | NO Not Applicable | | | | | |
| A copy of the group / organisation's public liability insura | YES | 0 🗆 | Not Applicable | | | | |
| *Where a group / organisation intend to purchase equipment, or undertake works, a copy of the required \$ Value | | | Attached | | | | |
| amount of quotes must be attached please see quide | | Up to \$25,000 | | 1 Written Quote □ | | | |
| Applicantions without the approprate no. of quotes will not be considered. | \$25,00 \$50,00 | | 2 Written Quotes □ | | | | |
| Facilities implication form (refer to section 5) | | YES | NO | Not Applicable | | | |
| Events form (refer to section 6) | YES | NO Not Applicabl | | | | | |
| Application submitted to Council on: Date | | | | | | | |

| ORGANISATION DETAILS | | | | | | | | Sect | ion 1 |
|--|---------------|----------|----------|-----------|-------|---------------------|------------------------------|------------------------------|-----------|
| | | | | | | | Dhono | | |
| Name of Organisation: | | | | | | | Phone: | | |
| Address: | | uburk | | 1 | | State: | | Postcode: | |
| Is the organisation registered for (Please tick one): | GST? | | YES | NO | | (Your GS assessm | Tstatus has ent of your s | no bearing on the ubmission) | |
| | | • | | • | | • | | | |
| ORGANISATION REPRESENTATI | VE DE | TAILS | S/IND | IVIDUA | AL A | APPLICA | NT DETAI | LS: Sect | ion 2 |
| First Name: | | | | Surna | ime | : : | | | |
| Position: | | | | Phone | e: | | | | |
| Email: | | | | | | | | | |
| Please ensure the above information to assess your application or make a | | | | s an erro | or in | your con | tact details | s, we may not be | able |
| to assess your approaction or make o | , o , red o c | vviciry | <u> </u> | | | | | | |
| PROJECT / EVENT DETAILS: | | | | | | | | SECTION | 1 3 |
| Project title: | | | | | | | | | |
| Project location: | | | | | | | | | |
| Is the project on council land? | YES | | NO | | | the projec | | ncil land you mu | <u>st</u> |
| Is the request for financial assistance? | *YES | | NO | | *ij | f yes, comple | ete 'requests f | or financial assistance | e' in s4. |
| Description of the project: For example include information such as | c: M/bat i | is the o | hiostiva | .2 | | | | | |
| For example include information such as | s. VVIIGL I | s trie o | Djective | <i>::</i> | | | | | |
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| How will council funding be acknow | | | | | | | | | |
| (Council funding must be acknowled | dged in | yourp | oroject | .) | | | | | |
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| | | | | | | | | | |
| Anticipated Start Date: | | | | Anticip | ate | d Finish | Date: | | |

| How will your project benefit the Snowy Monaro Regional Community?: |
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| What is the expected amount of resident participation?: |
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| Are other local community groups involved in this project?: |
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| Identify your capacity to deliver this project/event (required): |
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| PROJECT COST: | | | | | S | SECTION 4 | | | |
|--|------------|--------------------------------------|-----------|--------------|----------------|------------|--|--|--|
| What is the total amount of your project: \$ | | | | | | | | | |
| What is the total amount of funding you are applying for from Council: Amount (exclusive of GST): \$ GST: \$ Total: \$ | | | | | | | | | |
| NOTE: If you are successful in securing funding and are registered for GST the total amount paid will be exclusive of GST. | | | | | | | | | |
| Requests for financial assistance Complete this section if you are requesting a waiver of fees or charges from council to cover specific costs, e.g. rates, waste management fees etc. You are required to supply quotes or a notice for the service you are requesting assistance for. | | | | | | | | | |
| Which service are you requesting a fee | waiver fo | r? | | | | | | | |
| ☐ Rates ☐ Waste Management ☐ Water Charges ☐ Fees e.g. DA / Hall hire ☐ Maintenance – please specify ☐ Road closures (includes staff time) ☐ Other – please specify | | | | | | | | | |
| Where you have selected other or maintenance, please provide detail: | | | | | | | | | |
| If Council approves less than the full amount requested, will your project Still be viable? | | | | | | | | | |
| Are you receiving funding from anywhole for this project | ere else | re else Total: \$ Provided by: | | | | | | | |
| Has the funding from all other sources secured? | been | YES NO Secured; or when will it be): | | | | | | | |
| Has your organisation committed funds to this project? Total: \$ | | | | | | | | | |
| If your project is co-funded, you must ident funds and include the detail in the acquitt | | budget th | e items c | overed by do | onations and s | ponsorship | | | |
| Has your project been formally costed? (e.g. quoted, overheads, labour etc.) This should be reflected in a budget. YES □ | | | | | | | | | |
| | | | | | 1 | ı | | | |
| FACILITY INFORMATION: Section 5 | | | | | | | | | |
| This section is only to be completed if you answered yes in section 3 to the project being on council managed land, including crown land. | | | | | | | | | |
| Please note, if your project is to be undertaken on council managed land you <u>must</u> attach a written recommendation from the relevant council officer along with a completed facility implications form, <u>your application will not be considered without these.</u> | | | | | | | | | |
| Is the proposed project on council land? If you selected "NO", go to Section 7, Applicant Checklist | | | | | | NO | | | |
| Will the project require future maintenance? | | | | | | NO | | | |
| If yes, who do you propose undertakes | Council | Other | | | | | | | |
| Has council been consulted about the project? Yes □ | ne council | NO | | | | | | | |

Governance

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Donations and Sponsorship Funding Agreement

| EVENT INFORMATION | | | | | | Section 6 | |
|---|---------------------------------|----------|------------|---------------------------|---------------|--------------------|------|
| If your application is to hold an every form submitted to the Tourism, Proto this application. | | | | | | | |
| rias scarior scarraginga | "yes" please re lame: | ecord | the nam | e of the council Date: | officer bel | ow: NO | |
| DECLARATION AND SIGNATULE | RE OF APPLICA | ANT | | | | Section 7 | |
| I confirm that the inform | nation containe | ed in t | he appli | cation form and | supporti | ng document | ts |
| I confirm that this applied the applicant/organisati | | n subr | nitted w | ith the full knov | vledge an | d support of | |
| I declare that should thi | s application be | e succ | essful th | ne funding will b | e expend | ed as outline | d |
| ☐ I acknowledge the gran | | ittal re | equirem | ents. | | | |
| Privacy Statement: The information on the application. Access to this informat information will be stored securely in c | tion is limited to rel | | | | | | |
| Once an application has been approve matter of public record. | d and funding issu | ed, the | recipient, | project, amount fur | ided and fisc | cal year will be a | |
| Applicant Name: | | | | | | | |
| Applicant Signature: | | | | | Date: | | |
| | OFFIC | CE US | E ONLY | | | | |
| Officer Name: | | | Applica | ation Reference | No. | | |
| Date application received: | it requested: \$ | | | | | | |
| Actio | on | ı | | If no, contact | date: | Completed | |
| Application form is complete, signages have been submitted. | ed and all | YES | NO | | | | |
| A copy of the bank statement and attached. | budget is | YES | NO | | | | |
| If applicable, a copy of the public li insurance is attached. | ability | YES | NO | | | | |
| Required number of quotes are at: | tached. | YES | NO | | | | |
| If applicable, project plan is attach | ed | YES | NO 🗆 | | | | |
| If applicable, facility implications for attached, with staff recommendat | | YES | NO | | | | |
| Does the project align with a coun or asset management plan? | cil master plan | YES | NO | Plan identified: | | | |
| Action | | С | ate | Notes/ Comments | | | |
| Acknowledgement email sent | | | | | | | |
| Application provided to counci | l | | | YES 🗆 | | NO 🗆 | |
| Donations and Sponsorship Funding Agreement | | Gove | rnance | 25 | 0.2018.449.5 | Page 6 | of 6 |