

Donation/Fee Waiver Application



Applicant Details

Contact Name	
Position	
Organisation	
ABN (if applicable)	
Postal Address	
Email Address	
Phone Number	

Event Details and Date

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Request type and amount – Maximum \$500

Type of Request	Amount Requested
Financial Contribution	\$
In-Kind Support	\$
Voucher	\$
Admission Ticket(s) (to the value of)	\$
Contribution to an emergency or disaster appeal	\$
Fee Reduction or waiver for use of Council property and/or facility (not reserve hire)	\$
Reimbursement or exemption of Development Application Fee	\$

Has your Organisation previously received any of the above mentioned donations in the past 12-months?

Yes No

If yes, please provide details, including date, amount, type and what was used for.

Eligibility

Commercial Organisation and private individuals are not eligible under our Policy.

Please check all that apply:

<input type="checkbox"/>	Your organisation
<input type="checkbox"/>	The donation being requested is required to proceed with activity or project
<input type="checkbox"/>	You have a clearly defined plan and budget (where applicable)
<input type="checkbox"/>	Your Organisation/group is contributing to the activity, whether financial or in-kind
<input type="checkbox"/>	Other funding sources have been investigated
<input type="checkbox"/>	There will be no profit to be made by admission, service or other fee(s)
<input type="checkbox"/>	Your Organisation/group benefits the broader community
<input type="checkbox"/>	Your project/activity aligns with strategic in Councils A2040 Community Strategic Plan
<input type="checkbox"/>	Your project/event encourages community participation
<input type="checkbox"/>	Your project/activity contributes to the local community
<input type="checkbox"/>	Co-operation with other organisations
<input type="checkbox"/>	Your project/activity meets other relevant Council requirements, i.e. risk management plans/insurance etc.

About your Organisation

Not-for-profit – Check all that apply

<input type="checkbox"/>	Significant Alexandrina Council/community interest membership or participation
<input type="checkbox"/>	Undertaking a project with significant local benefit
<input type="checkbox"/>	Holding carnival(s), tournament(s), festival(s) or event(s) within the Alexandrina Council area
<input type="checkbox"/>	Strong potential for drawing competitors/attendees from outside of the Alexandrina Council area and will support the Alexandrina Council district economy

Amateur Sporting Teams – Check all that apply

<input type="checkbox"/>	Holding carnival(s), tournament(s), festival(s) or event(s) within the Alexandrina Council area
<input type="checkbox"/>	Strong potential for drawing competitors/attendees from outside of the Alexandrina Council area and will support the Alexandrina Council district community

Schools and other educational facilities – Check all that apply

<input type="checkbox"/>	Supporting the achievement of a student(s) (to a maximum value of \$200 in total)
<input type="checkbox"/>	Seeking a fee waiver for use of Council owned rooms/facilities for an event/activity that will showcase the work of students (to a maximum value of \$500)

Development Application Fees – Please check fee applying for exemption

Lodgement Fee

<input type="checkbox"/>	Additional Lodgement Fee
<input type="checkbox"/>	Staged Consent Fee

Development Plan Assessment Fees

<input type="checkbox"/>	Development Plan Assessment Fee up to \$300
<input type="checkbox"/>	Staged Consent Fee

Building Rules Assessment Fees

<input type="checkbox"/>	Building Rules Assessment
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Additional Information to support fee exemption request

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Supporting Information

**What is the project/event/proposal you are seeking a donation/fee waiver for?
Please include date, time and venue.**

If successful, how will your Organisation expend the funds you are requesting from Council?

How will this project/proposal provide local benefits to the Alexandrina Council community and/or communities of interest (e.g. meets an identified community or cultural need; contributes to the local economy)?

Provide an overview of the project/proposal (including details such as no. of participants; target audience; whether it will draw competitors from outside the Council area; if the project has been undertaken previously).

Supporting Information Continued

Is your Organisation contributing funding to the project (e.g. cash, in-kind, other)? Please provide a clearly defined plan and budget.

Is your Organisation seeking funding from other sources for this project/request?

Are you requesting the use of any Council venue/facility and/or equipment as part of your funding request for your project? If yes, please detail below.

Please state in detail if a fee will be charged in connection with this project/activity, i.e. admission service or other type of fee.

Additional Information

Please provide any further information in support of your request. This could include details of your risk management plan, marketing plan, etc. Other documents can be submitted with your application.

Confirmation of Bank Details

(this does not constitute approval of request)

Bank:	
Account Name:	
BSB:	
Account Number:	

DECLARATION

If you have any queries, please contact Alexandrina Council on 08 8555 7000 or alex@alexandrina.sa.gov.au before submitting your application.

By ticking the check boxes, you agree to the following:

- ☐ I/we have read and understand the Alexandrina Council Community Donations Policy.
- ☐ I/we certify that, to the best of my/our knowledge, all the details supplied in this Donation/Fee Waiver Application Form and in any attached/supporting documents are true and correct and that the application has been submitted with the full knowledge and agreement of the Organisation/Group (as detailed in *Applicant Details*).
- ☐ I/we hereby undertake that any and all funds granted to the Organisation/Group (as detailed in Applicant Details) by the Alexandrina Council will be expended on the project for which the donation was sought and applied for in this application.
- ☐ I/we agree to complete the donation acquittal form (if required) within three (3) months of the conclusion of the project/event including receipts and brief report on outcomes.

Name:		Position:	
Signature:		Date:	

Office Use Only		
APPROVAL:	Full:	Partial:
APPROVED BY:	Name:	Signature:
	Date:	
	Comments:	

Click here to send completed form