

# Community Donation Program

## Application Form



### INSTRUCTIONS

Please make sure you have read the Information and Guidelines and the Alexandrina Councils *Community Donation Policy* prior to completing the application form.

If there is not enough room in the space provided please attach further information where required.

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 Alexandrina 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 the organisation under which it is being submitted, if the applicant is an individual and under 16 years of age by a parent or guardian.

YES – please tick box

Name of person completing this form	
Date	
Email address	

#### If this Application is being Auspiced

Name of person from Auspice organisation who has agreed to the submission of the application	
Position within the 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 the application	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DONATION CATEGORY

Please tick **ONE BOX ONLY**

Community organisation or group

Individual selected on merit

## ORGANISATIONAL APPLICATION

Organisation Name	
Address / Location	
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 in organisation	
Phone	
Email	

## INDIVIDUAL APPLICATION

Name	
Address	
Phone	
Email	

## BANK and FINANCIAL 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	

Net profit of Organisation/group for previous financial year (Please note that audited financials may be requested)

Under \$15,000     \$15,000 - \$30,000     \$30,000 - \$50,000

## DONATION DETAILS

Name of Event, project or activity for which the donation is being requested.	
Timeframe (complete whichever is applicable)	<b>Event</b> is expected to be held on
	<b>Project or activity</b> will start in  and is expected to finish by
Amount Requested – cannot exceed maximum amount allowed - \$1,000 for organisations and \$250 for individuals (please provide any quotes or costings)	<p><b>\$</b></p> <p><input type="checkbox"/> <i>I understand that if my request is above the allowed amount it will need to be presented at a meeting of Council as per the Community Donation Program Information and Guidelines</i></p>
Describe the event, program or activity for which the donation is being requested.  ***(please attached in separate document if further space is needed)	
What are the expected benefits and outcome of the event, activity or project?	
Please attach a letter of reference/support or referee contact information to verify the application details  <i>*Mandatory for individual applications only</i>	<p><input type="checkbox"/> Letter of reference/support attached</p> <p><input type="checkbox"/> Referee Details Name: Contact Telephone:</p>
Linkage to Alexandrina 2040 (refer to Community Strategic Plan)	<p><input type="checkbox"/> Liveable</p> <p><input type="checkbox"/> Green</p> <p><input type="checkbox"/> Connected</p>
How does your application address the strategies of Alexandrina 2040	<p><input type="checkbox"/> Access to a range of activities services and facilities</p> <p><input type="checkbox"/> Connected and supported community</p> <p><input type="checkbox"/> Local environment that is valued and supported</p> <p><input type="checkbox"/> Community that interacts with and cares for their environment</p> <p><input type="checkbox"/> Wellbeing and connectivity of Alexandrina residents</p>

	<input type="checkbox"/> Other - Please provide detail:
Do you request a presentation/attendance by the Mayor, Elected Member, Chief Executive Officer or Staff Member?	<input type="checkbox"/> Yes – Please provide detail: <input type="checkbox"/> No

### INDIVIDUAL APPLICATION

At which level have you been selected?	<input type="checkbox"/> State <input type="checkbox"/> National Attach documentation from a 3 <sup>rd</sup> party that you have been selected on merit for your nominated State or National level competition/event.
Are you a resident of the Alexandrina Council area?	<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, teacher, instructor or other.

### DONATION APPLICATION CHECKLIST

Have you:

- Checked that you or your organisation are eligible?
- Ensured all appropriate persons are aware that this application is being submitted?
- Completed all sections of the Application Form as required?
- Attached any letters, quotes or costing required for applications?
- Checked the Application Form will be received by Council in an appropriate timeframe?

### TERMS AND CONDITIONS OF THE DONATION

**Please complete the details below:**

I, being the authorised officer of the organisation making this declaration, confirm and agree that:

1. The information given in this application, including attachments hereto, is true and correct in every particular.
2. The donation received from the Alexandrina Council will be used for the approved activity or project as outlined in this application. The Council must approve any changes to the activity/project.
3. Any monies not expended on completion of the project/activity will be returned to the Alexandrina Council.
4. The Alexandrina Council will be acknowledged in any publications or publicity regarding the activity.
5. I am authorised by the applicant organisation/individual to prepare and submit this application for financial assistance.
6. Agree to the acquittal process outlined in the Community Donations Information and Guidelines document.

Name:

Signature:

Date:

**Please forward application to:** Community Donations Program, Alexandrina Council, PO Box 21, GOOLWA SA 5214

**Enquires:** Phone (08) 8555 7000 or Email – alex@alexandrina.sa.gov.au