



Sponsorship and Grant Application

Section One – About your organisation/group

Name: _____

Address: _____

Postal Address (if different): _____

Contact Person: _____

Phone No: _____ Fax No: _____

Email Address: _____

Is your organisation/group incorporated? Yes No

Your ABN: _____

If not incorporated or you are an individual, what is your auspice organisation and their ABN? _____

Are you/your organisation/your auspice organisation registered for GST? Yes No

Do you have a Bendigo Bank account for direct credit, should you be successful? Yes No

What does your organisation/group do? _____

How can we know more about you? _____

Please provide supporting information so that we better understand your organisation and its connection to the community e.g. brochures, annual report etc. Please attach you most recent financial statement to this application.

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Section Two – About the Project

Project Name: _____

Where will the project/activity occur? _____

Starting date _____ Completion date: _____

Is this a new project? Yes No

Who will benefit from the project? _____

Briefly describe the aim and outcomes of the project _____

How do you know the project is needed? _____

How would you acknowledge the support of Aspendale Gardens-Edithvale
Community Bank®? _____

Total funds sought from the Community Grants Program? \$ _____

Section Three – How the money will be used

Proposed Expenditure

Any staff costs (\$ per hour x number of hours)? \$ _____

Any other costs (materials/hire charges/venue/
promotion/public liability etc.)? \$ _____

Total Expenditure \$ _____

Proposed Income

Will the project generate any income –
ticket sales, fund raising etc? \$ _____

What are you contributing – donations,
in-kind support, etc? \$ _____

Community grant requested \$ _____

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Total Income \$ _____

Section Four – Disclaimer

I certify that all the details supplied in this application form and in the attached documents are true and correct to the best of my knowledge and that the application has been submitted with the full knowledge and agreement of the management of the applicant organisation. I agree to contact the **Aspendale Gardens-Edithvale Community Bank®** if any information changes or is found to be incorrect. I note that all information provided is confidential and will be used only for the purpose of administering our **Community Grants Program**.

Name (please print): _____

Position in organisation: _____

Signature: _____

Date: _____

All applications must be addressed to:

The Secretary
AGECOM Enterprises Ltd.
Shop 12/11 Narelle Drive
ASPENDALE GARDENS VIC 3195

Office Use Only

What Market Sector does this application address – Family Services,
Children/Youth, Aged Care, Business, Sport, Health, Education, Culture/Arts,
Community Infrastructure, Environment, Other? _____

Do you recommend funding this application? Why? _____

Branch Manager Signature: _____ Date: _____
