



**APPLY
NOW**

Community Bank - Barwon Heads

Community Investment Application Form

Your organisation details

Organisation name	
Postal address	

Contact person 1	
Position held	
Daytime phone	
Mobile	
Email	

Contact person 2	
Position held	
Daytime phone	
Mobile	
Email	

Number of staff	Number of volunteers	Founding date

Is your organisation incorporated?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Australian Business Number*			
Australian Taxation Office endorsements	Deductible Gift Recipient?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Tax Concession Charity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*If your organisation does not have an Australian Business Number, an intermediary organisation, which is prepared to administer your sponsorship is necessary.
Please provide a signed letter of support and a copy of the organisation’s endorsements.

What does your organisation do?

Mission statement, major programs and distinctive organisational attributes

Describe the demographics of your organization (and your members).

E.g age range, gender, number of members

You and your organisation's banking business

We can only support our community as much as the community supports us – through the use of our banking and financial services.

Does your organisation bank with us?

YES ☐

NO ☐

SOME, NOT ALL ☐

**Have you received funding from
Community Bank Barwon Heads before?**

YES ☐

NO ☐

Most appropriate person to discuss your organisation's banking needs

Name

Phone

Is there any other individual, business or organisation that would like to see how we can assist with their banking and financial services?

Hint: Ask at your next committee meeting or group event if any of your colleagues or friends would appreciate a call from our staff. Provide names and contact details, **only** if they have given their consent.

Name		Phone	
Name		Phone	
Name		Phone	
Name		Phone	

Organisation’s banking details

Please provide banking details for direct credit should your application be successful.

Name of account			
BSB		Account number	

Your project details

Project title	
Grant amount requested	
Total cost of project	

*Amounts must match your project budget and must be stated excluding GST.

Will Community Bank Barwon Heads be the only financial institution approached for funding?

YES ☐

NO ☐

What would you like the grant for?

Describe the project, the need it aims to meet and who it will benefit

Priority area your application supports

- ☐ Sustainability and the environment
- ☐ Vibrant and sustainable community
- ☐ Facilities, services and support
- ☐ Community capacity building
- ☐ People and social impacts

How does your application support this priority area?

(E.g. The project helps build a vibrant and sustainable community by encouraging participation in arts and culture.)

Describe the priority area your project best supports.

Project budget

Outline your proposal’s total income and expenses in the table below or by attaching a similar table of your own. Please note the total income and project cost must match and the amount requested in this application must match the figure quoted above. Justification and/or a copy of quotations for significant expenses should be attached to your application.

Income	Amount (ex. GST)	Expenses	Amount (ex. GST)
Donations			
Sponsorships			
Fundraising			
In-kind support			
Amount requested			
Total income		Total project cost	

Other support for your project

Provide a breakdown of other corporate or government organisations you have or will approach.

Organisation	Amount (ex. GST)	Confirmed?

What Community Bank promotional material would you like to use for your event?

- ☐ Marquee
- ☐ Tear Drop Banners
- ☐ Signage
- ☐ Balloons
- ☐ Branch staff
- ☐ Community Bank Board members
- ☐ Brochures
- ☐ Other, if other please describe below

Existing government funding

Outline any existing government funding provided to your organisation

When will your project take place?

Expected timeline for your project

How will you measure your project's success?

Outline how the funded activity will be monitored and evaluated

How will you recognise our contribution?

Provide details of all marketing and promotional opportunities available. E.g Temporary/permanent branded signage at event, branding on advertising material/website/social media,

[illegible]

How will you document your project?

We love to see the impact our contribution has in our community. Please provide details on any photographic opportunities available, with or without members of our staff and board.

Please email copies of relevant photographs taken during the implementation of your project to barwonheadsmailbox@bendigoadelaide.com.au.

*** If children are included in the photos, please ensure you have gained written permission from a parent or guardian prior to the event.

How will you document your project? Would you like a Board member or Bank Staff member to attend your event? Y/N

If yes, Please detail where and when you require a board member to be present and what duties you require of them (handing out prizes, short talk to group etc.)

Where	When	Staff or board involvement

Supporting documentation

Please ensure you have attached or completed:

***Applicable to Community Investment Applications of more than \$500

- | | |
|---|--|
| <input type="checkbox"/> Financial statements (audited if available) | <input type="checkbox"/> Copy of ABN registration |
| <input type="checkbox"/> Quotations, plans and other relevant documents | <input type="checkbox"/> Any other relevant information (e.g. annual reports, promotional materials, letters of support) |

Declaration

I/we declare the information provided in this application was true and correct at the time of submission.

I/we acknowledge and understand that all applications become the property of **Community Bank Barwon Heads**.

Signed	
Name	
Organisational title	
Date	

Privacy

Barwon Heads Community Enterprises Limited ABN 68 149 465 396 who own and operate Community Bank Barwon Heads will collect, hold and use your personal information to assess your application and respond to your request. Your information may be shared with Bendigo Bank and organisations that carry out functions on behalf of Bendigo Bank. For information on how we handle your personal information or how you can access it please read our Privacy Policy www.bendigobank.com.au. Bendigo and Adelaide Bank Limited ABN 11 068 049 178, AFSL/Australian Credit Licence 237879