

Beaconsfield District Community Financial Services Ltd.

Grant or Sponsorship Application Form

Applicant Information

Organisation:

Your Name: Your Role:

Address:

City: Postcode:

Email: Phone:

About Your Organisation

1. What is the status of your organisation. Please select from the list:

- Incorporated association
- Non-incorporated not-for-profit company group / organisation
- Not-for-profit company
- Other - please provide information below

Yes No

2. Is your organisation endorsed as a deductible gift recipient (DGRs)?

3. What segment does your organisation service. Please select from the list:

- Aged Care
- Civic, Religious & Other Interest Groups
- Events
- Health (including Mental Health)
- Transport
- Arts, Culture & Heritage
- Education
- Fire & Other Emergency Services
- Sport
- Other - please provide information below

4. Tell us about your organisation's geographical reach. Please select one or more from the list:

- | | |
|--|--|
| <input type="radio"/> Beaconsfield. | <input type="radio"/> Pakenham |
| <input type="radio"/> Officer | <input type="radio"/> Pakenham South |
| <input type="radio"/> Upper Beaconsfield | <input type="radio"/> Clyde |
| <input type="radio"/> Berwick | <input type="radio"/> Clyde North |
| <input type="radio"/> Officer South | <input type="radio"/> Other - please provide information below |

Connection to Community Bank Branches

- | | Yes | No |
|--|-----------------------|-----------------------|
| 5. Does your organisation have an existing banking arrangement with Community Bank Beaconsfield District? | <input type="radio"/> | <input type="radio"/> |
| 6. Has your organisation previously received funding from Community Bank Beaconsfield District? | <input type="radio"/> | <input type="radio"/> |
| 7. Has your organisation previously received funding from any other Community Bank Branch? If YES, please provide details below. | <input type="radio"/> | <input type="radio"/> |

Branch name, date of grant, length of relationship

- | | | |
|--|-----------------------|-----------------------|
| 8. Has your organisation received funding from other financial institutions in the last two years? If YES, please provide details below. | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|

Institution name, date of grant, length of relationship

9. How did you hear about us?

- | | |
|---|--|
| <input type="radio"/> In Branch | <input type="radio"/> Community Notice Board |
| <input type="radio"/> Community Event | <input type="radio"/> Bendigo Bank Website |
| <input type="radio"/> Word Of Mouth | <input type="radio"/> Community Bank Newsletter |
| <input type="radio"/> Newspaper Advertisement | <input type="radio"/> Facebook |
| <input type="radio"/> Other - please provide detail | <div style="border: 1px solid black; width: 200px; height: 20px;"></div> |

Your Membership & Social Media Presence

10. Tell us about the approximate age of your membership. Please select from the list:

Under 18

41 - 50

18 - 24

51 - 60

25 - 31

60 & Over

32 - 40

Please tell us the approximate number of members in each age group.

11. Do you have a Facebook page? If yes, please provide a page link. Yes No

12. Do you have a website? If yes, please provide a page link. Yes No

13. Do you have a group or community page? If yes, please provide us with a page link. Yes No

14. Do you have an Instagram page? If yes, please provide us with a page link. Yes No

15. If your grant/sponsorship application is successful, are you happy to post prepared content (that we provide) to your social media pages? Yes No

If no, why not?

16. If your grant/sponsorship application is successful, are you happy to partner with us on other mutually agreed marketing initiatives? Yes No

If no, why not?

17. Can you tell us about any events you run for your membership? Please include event name, approximate date and how many people attend the event.

Event name, date, attendance and brief outline.

About Your Funding Request

18. What is the amount of funding you are requesting?

Please provide a dollar amount.

19. What will the funds be used for? Please name the program, event or initiative and provide as much detail as possible.

When, where, how/What is the community benefit delivered by the initiative etc.

20. How will funds be allocated? (Please detail the dollar amount allocated to each aspect of the initiative to be funded under this request):

Allocation of funds

21. What would success look like for this initiative? What benefit(s) does the initiative deliver to the community?

Community benefits

22. Do you have any other information you would like to provide to support your application?

Additional information

Declaration

23. I declare that, on behalf of my organisation, I have read and agree to the Community Bank Beaconsfield "Conditions of Funding" and that the information in this application is true and correct.

Full Name:

Position:

Date:

Signature:

Internal Use

24. Received by Community Bank Beaconsfield District.

Date received

21. Reviewed by Marketing Committee.

Date reviewed

22. Reviewed by Board of Beaconsfield District Community Financial Services Ltd.

Date reviewed

- 23 Outcome. Provide feedback

Approved/Declined + reason why

22. Next steps. Nominate person to notify applicant of application status and date.

Application status/nominate person to engage with applicant & date