







Calliope & District Community Bank® Branch Funding Application Form

Applicant Information

Organisation Name			
Registered Business Name (if different to above)			
Australian Business Number (ABN)	□ Yes	□No	ABN:
Is your Business Incorporated? Or a Rural Fire, SES or Ambulance Service	□ Yes	□ No	
Registered for GST?	□ Yes	□ No	
Funding Amount Requested (Including GST)			

Type of Funding Requested

☐ Grant	Answer questions – Part A & B
☐ Sponsorship	Answer questions – Part A, B & C

For a description of each type of funding please refer to our guidelines at:

http://www.bendigobank.com.au/public/community/our-branches/calliope/sponsorships-and-grants

Special conditions and further information is required for a sponsorship application.

STOP!! (If you have answered no to any of the questions above, please refer to the funding guidelines here before proceeding.

Privacy Statement

Calliope & District Enterprises Limited collects information to assist in the assessment and management of funding. This information will only be accessed by authorised persons of the company. Information may be made available to others for the purpose of correspondence, notification, marketing and promotional activities. Please refer to https://www.bendigobank.com.au/privacy-policy/ for the full privacy policy.

ABN 71 133 571 061

Shop 3, Calliope Central Shopping Centre, 2041 Dawson Highway, Calliope QLD 4680 Phone 07 4975 7844 Fax 07 4975 7188

Franchisee of Bendigo and Adelaide Bank Limited ABN 11 068 049 178 AFSL 237879



STA5 (210176_v2) (28/03/2014)

Declaration

Email

I am the authorised person for the organisation and I certify that the information contained in this application is true and correct. I have read and understood the Calliope & District Enterprises Limited community funding policy and guidelines and agree to abide by them.

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Full Name:				
Signature:				
Position in Organis	ation:			
Date:				
(PART A)				
Organisation Ac	ldress			
Street Address				
Suburb				
State		Post Co	ode	
Postal Address (if different to ab	ove)			
Suburb				
State Pos		Post Co	ode	
Primary Contact	t Details	Se	condary Contac	ct Details
Title			Title	
First Name			First Name	
Surname			Surname	
Daytime Phone			Daytime Phone	
Mobile			Mobile	

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Email

(PART B)

Organisation Information

When was your organisation established?	Month		Year	
How many paid employees?				
How many volunteers contribute time to your	organisation?			
What is an estimate of your organisation's ann	\$			
Approximately how many people receive servi from your organisation each year?	ices or benefit			
Does your organisation have a business relation the Calliope & District Community Bank® Brand If no please refer to the Funding Guidelines at http://www.bendigobank.com.au/public/communiches/calliope/sponsorships-and-grants	□ Yes	Γ	⊒ No	
Project Information				
Project Title / Name:				
Project Description (What do you want the mo	ney for? Please d	lescribe your project	t.)	
				03/2014)

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Outline the primary objectives of the project and the needs of the community to be	targeted.	
Outline the community groups and/or community members that will benefit from yo	ur project.	
Approximately how many people will benefit from your project? (Eg. 5, 20, 50)		
Funding Amount Requested Including GST	\$	
What will make your project a success? (E.g. more participants, community involve	ment, further fundir	ng etc)
		03/2014)
		/60/

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What is the start and end date of the project?

End Date of Project	
	End Date of Project

Project Budget

(If your project is for a specific item, please provide quotation or other documentary evidence & prices – for amounts under \$5,500.00 (GST Inc.), one quote for each item and amounts over \$5,500.00 (GST Inc.) two quotes each item).

Expenses

Administration Costs	\$ How many he	ours?	Rate per hour?	\$
Equipment	\$			
Materials	\$			
Promotions	\$			
Consumables	\$			
Labour	\$			
Other	\$			
Total Expenses	\$			

<u>Income</u>

Other Grants received	\$	
Other Funding	\$	
Own contribution	\$	
In-Kind support	\$	
Other	\$	
Total Income	\$	

End of Grant Application

Sponsorship applicants please complete the following pages.

(PART C)

Sponsorship Information
Name of Event/proposal
Date of Event/proposal
Sponsorship Location
Please specify the main towns(s)/suburb(s) in which your event/proposal will take place
General Information
What level of sponsorship is being sought? (E.g. naming rights, Official Sponsor)
Please describe the level of community involvement this sponsorship will include? (E.g. Businesses, education groups, social groups, etc.)
Will Calliope & District Community Bank [®] Branch be the only financial institution sponsor of your event? ☐ Yes ☐ No − Please provide a full list of your current sponsors.
Please detail any previous association with the Calliope & District Community Bank ® Branch
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Bendigo Bank

Target Audience

Define the target audience of the event/program. Please include:
Size of the event
Expected attendance numbers
Target Market
Potential product synergies
Will target market research be conducted both pre and post event? And if so, how?
Objectives
Please outline the main objectives of the proposed sponsorship or event?
Marketing
marketing
Please provide details of how you can plan to market/publicise your event/program?
r lease provide details of now you can plan to market publicise your event program:

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Bendigo Bank

Community and Stakeholder benefits
Outline the benefits of the sponsorship (e.g. ticketing allocation and networking opportunities)
Resources and Timing
Please detail any other resources required to support the sponsorship (e.g. Banner bug, marquee, banner promotional cheque, piggy mascot, account vouchers, balloons). Marquees must be booked in advance through the Calliope & District Community Bank ® branch.

End of Sponsorship Application