

Community Bank  
Swansea and Bicheno

**B** Bendigo Bank

**Community Bank  
Swansea & Bicheno**

# Community Small Grants Application

Your town.  
Your bank.

Everything you need

**B** Bendigo Bank

**BANK  
LOCAL**



# Community Small Grants Application

## Information for Applicants

The Community Bank Swansea & Bicheno is operated by Freycinet Coast Financial Services Limited (FCFSL), a community-owned company which dedicates a significant portion of its profits to supporting the local community.

FCFSL offers two funding streams which aim to make targeted use of funds for the benefit of the community, contributing to the development of community welfare, environmental, health, education and arts or cultural areas

- a Community Small Grants Program which provides funds to meet specific one off needs of charitable or not-for-profit organisations and
- a Sponsorship Program, which provides an opportunity for a longer term relationship providing mutual benefits for the organisation, the Bank and its clients.

## Where does the money come from?

The Bendigo Bank products available through the Branch are the company's main form of income and part of the profits made are returned to the Community Bank Swansea & Bicheno Grants and Sponsorship Programs. As the banking business grows so too will these Programs and the company will be able to support more community groups.

## Community Small Grant

A grant is a partnership whereby funding is provided to an individual, club, event or organisation which benefits the local community and provides publicity opportunities which allow the Community Bank to grow its business. The more successful the banking business is, the more funds can then be returned to the local community.

### Grants must

- Create tangible benefits to the wider community
- Support local initiatives that have long lasting positive benefits

### Grants must not

- Promote political or religious organisations
- Denigrate or offend any other groups in the community
- Result in environmental destruction or animal cruelty
- Present programs that may create hazards to the community
- Programs that do not reflect community standards
- Programs that advocate gambling or alcohol
- Programs that require the use of or promotion of weapons

## Applications

Applications for financial support up to \$1000 must be made on the form provided and will be assessed competitively by a committee appointed by the FCFSL. The budget available to the committee varies from year to year and sometimes it might not be sufficient to support all worthwhile applications so unsuccessful applicants are welcome to seek feedback and to resubmit applications for subsequent grant rounds.

Applications will normally be assessed within three weeks of the closing date and applicants will be advised of the outcome as soon as possible thereafter. Successful Applicants will be invited to attend a presentation ceremony to receive their award.

## Permission Forms

As part of the Reciprocal Support Arrangements, a *Permission to Publish Sponsorship, Intellectual Property and Copyright Release and Photography Consent* form is attached for applicants to sign and have witnessed.

## Tax Invoice

If your application is successful a Tax Invoice will need to be returned to the FCFSL Secretary in order for you to receive your funding.

## Acquittal Report

All individuals, clubs, events or organisations which receive funding are required to complete a Grant Acquittal Report at the completion of the program, project or activity. This will then be used to assist in measuring the success of the grant.

## Privacy

Freycinet Coast Financial Services Limited ABN 32 127 068 222 who own and operate Community Bank Swansea & Bicheno 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](http://www.bendigobank.com.au). Bendigo and Adelaide Bank Limited, ABN 11 068 049 178 AFSL / Australian Credit Licence 237879.

## Where to send your application

Please forward your application to:

The Secretary, Freycinet Coast Financial Services Limited  
PO Box 125  
Bicheno TAS 7215

or email it to [secretary@freycinetcfs.com.au](mailto:secretary@freycinetcfs.com.au)

or deliver it to  
Community Bank Swansea & Bicheno of Bendigo Bank at Swansea or Bicheno

## Declaration

By signing below, I indicate that I have read and understand the above information provided to me by Freycinet Coast Financial Services Limited as operator of the Community Bank Swansea & Bicheno

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Swansea & Bicheno Small Grants Application Form

## Applicant's Details

Name of organisation/individual \_\_\_\_\_

Email address \_\_\_\_\_

Postal Address \_\_\_\_\_

Street Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Web Address \_\_\_\_\_

ABN \_\_\_\_\_

Are you a registered 'Not for Profit' organisation?  Yes  No

Does your organisation have a Bendigo Bank account for direct credit, should your application be successful?  Yes  No

Project Title \_\_\_\_\_

Amount of funding requested \$ \_\_\_\_\_

Date by which funding is required \_\_\_\_\_

## Contact Person for this Application

Name \_\_\_\_\_

Position held within organisation \_\_\_\_\_

Daytime Phone Number \* \_\_\_\_\_  Mobile \* \_\_\_\_\_

Email address \* \_\_\_\_\_

Postal Address \* \_\_\_\_\_

**\* Please indicate preferred method of contact**

**Applicant's Information**

What does your organisation do? E.g. Mission Statement or description of role in the community.

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What community programs are currently being undertaken by your organisation?

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How many people belong to your organisation? E.g. number of members, staff, volunteers, etc.

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What geographical area(s) do your members come from?

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**Applicant's Project Proposal**

Description of Project

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What exactly is the money going to be used for?

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What is the community need that your Project aims to meet?

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Who will benefit from your Project? E.g. number of community members, geographical area.

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When will this Project take place? E.g. start and finish dates.

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If the Bank is able to meet only part of your request will the project still proceed?

Yes  No

### Budget

Total cost of project \_\_\_\_\_

Have you requested funding assistance from other sources/bodies?

Yes  No

If yes, please include in the budget table below.

Funding Source	Amount requested
Swansea/Bicheno Community Bank	\$
Own organisation's resources	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

## Reciprocal Support Arrangements

If your application is successful, how will your organisation provide reciprocal support for the **Swansea & Bicheno Community Bank**? Tick relevant boxes and provide details.

Reciprocal Support	Details
<input type="checkbox"/> Permanent Branch sign at venue, either inside and/or outside	
<input type="checkbox"/> Use of Branch name and/or logo e.g. uniforms, programs, newsletters, websites	
<input type="checkbox"/> Opportunity for a Branch representative to address community members at your event or on a suitable occasion	
<input type="checkbox"/> Organisation's banking business conducted through Branch	
<input type="checkbox"/> Support of Branch from members, parents, etc in the form of additional banking business	
<input type="checkbox"/> Opportunity to include messages/advertisements in newsletters and other community correspondence	
<input type="checkbox"/> Media opportunities that demonstrate how the Branch has supported your organisation	
<input type="checkbox"/> Permission for relevant photographs to be taken and used by the Branch for promotional purposes	
<input type="checkbox"/> Naming rights to event	
<input type="checkbox"/> Use of Branch's promotional marquee	
<input type="checkbox"/> Display of Branch's temporary banners	
<input type="checkbox"/> Other	

## Declaration

I agree that the criteria of the Freycinet Coast Financial Services Ltd have been met and that any decisions made by Board of Management are final.

**Signature** \_\_\_\_\_

**Name** (please print) \_\_\_\_\_

**Position held within Organisation** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Date received \_\_\_\_\_ Date considered \_\_\_\_\_

Approved     Declined    Amount approved: \$

Comments

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