



Annual Grant Application Form

Applicant Information

Organisation name:

Registered business name:
(if different to above)

ABN:

Registered for GST? ☐ Yes ☐ No

Organisation Address

Street address:

Suburb:

State: Postcode:

Postal address:
(if different to above)

Suburb:

State: Postcode:

Contact Details

Primary Contact Details

Title:	First Name:	Surname:
Phone (Daytime):	Phone (Mobile):	
Email:	Position:	

Secondary Contact Details

Title:	First Name:	Surname:
Phone (Daytime):	Phone (Mobile):	
Email:	Position:	

Does your organisation bank with the Lancelin branch and **Community Bank®** Branch?

☐ Yes ☐ No

Organisation Information

Please provide further information about your organisation and its mission within the community.

When was your organisation established?

How many volunteers contribute time to your organisation?

What is an estimate of your organisation's annual turnover?

Approximately how many people receive services or benefit from your organisation each year?

What was your membership numbers over the last 4 years?

Member number

Please note: A copy of your audited financial statements will need to be attached to this application.

What is your organisation's mission statement?

(If you don't have a mission statement, what does your organisation aim to do within the community?)

Is your organisation affiliated with a Regional or State organisation? ☐ Yes ☐ No

What is the name of the Association for your activity/sport?

Project Information

The following information is about the project for your sponsorship request.

Project Title/Name:

Project Description *(What do you want the money for? Please describe your project.)*

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 your project.

Approximately how many people will benefit from your project? (e.g. 5, 20, 50)

Grant amount requested (inc GST): \$

What will make your project a success? (e.g. More participants, community involvement, further funding etc.)

What is the start and end date of the project?

Start date of project:

End date of project:

Project Budget

Please provide project budget details, ensuring all applicable fields are completed.

Expenses

Administration Costs	\$	How many hours?	Rate per hour?\$
Equipment	\$	(Brief description of expense item)	
Materials	\$		
Promotions	\$		
Consumables	\$		
Labour	\$		
Other	\$		
Other	\$		
Other	\$		
Total Expenses	\$		

Income

GDCFSL Grant Requested \$

Other Grants received \$ *(Brief description of who funds received from)*

Other Grants requested \$

Other Funding \$

Own Contribution \$ *(e.g. Fundraising)*

In-Kind support \$ *(e.g. Donation of goods /services)*

Other \$

Other \$

Other \$

Total Income \$

Important Note: You must attach a copy of all quotes and supporting documentation with your application.

Who will be responsible for any operational deficit and how will it be funded?

Local authority details

Name the LGA in which the facility will be or is located:

Shire:

LGA Contact:

Position:

Phone:

Email:

Land Ownership

Who owns the land on which your facility is or will be located?

Does your organisation 'Lease' or hold a 'Right of Management'? Please explain

Planning

Have you undertaken a needs assessment? ☐ Yes ☐ No

What specific community needs will be satisfied by the project and how have these needs been identified?

Who have you consulted within the community and describe the process you have used:

Have you:

- | | | |
|--|------------------------------|-----------------------------|
| Conducted a survey? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Held forums with key groups and stakeholders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Consulted with all associated clubs/organisations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Considered the specific needs of different user groups within the community? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List how their needs will be accommodated:

Management

Have you developed a management plan for your project/facility? ☐ Yes ☐ No

Please explain:

Essential Supporting Information

The following must be included with your applications:

- | | | |
|--|------------------------------|-----------------------------|
| Feasibility Study (if formal studies carried out) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Locality, site and design specifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An itemised project quote | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Projected operating income and expenditure statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written evidence of financial commitments from other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

A copy of your audited financial statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A copy of your incorporation certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ABN or ACN registration details	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Board requirements

How will your organisation meet the Bank's requirements? Please describe how you will promote the Bendigo Bank as part of your project, namely;

Naming Rights:

Support and promote customers and business to our bank:

Declaration by applicant

We understand and certify that we have been authorised to submit this application and that the information contained therein is to the best of our knowledge true and correct:

Name: Position:

Signature: Date:

Name: Position:

Signature: Date:

All completed forms must be returned to GDCFSL PO Box 308 Gingin WA 6503

Submissions close on 30th April annually with a formal Sponsorship Agreement Document issued for signing and acceptance by September the same year if application is approved.