



Community Bank
Paradise Point and
Pimpama–Ormeau

Sponsorship Application Form

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Your Details

1. Your Organisation Details

Organisation Name	_____
Street Address	_____
Website	_____
Facebook	_____
Linkedin	_____
Twitter	_____
Instagram	_____
Other Social Media	_____

Are you a not-for-profit organisation / registered charity?

Yes

No

If yes:

ABN _____

Deductible Gift Recipient?

Yes

No

Tax Concession Charity?

Yes

No

Registered for GST?

Yes

No

If your organisation does not have an Australian Business Number (**ABN**), 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.

2. Your Key Contacts

Contact Person 1 _____

Position _____

Phone _____

Mobile _____

Email _____

Contact Person 2 _____

Position _____

Phone _____

Mobile _____

Email _____

3. Your Board Committee Members and Senior Staff

#	Full Name	Position
1		
2		
3		
4		
5		
6		
7		

Are you or any of the board/committee members and or senior staff of the applicant currently employed or providing services to Paradise Point Financial Services?

Yes

No

If yes, please explain:

Do you have government/public officials (or their immediate family members) with direct involvement in your organisation? Please see Project Eligibility for more information and definition of government officials.

#	Full Name	Government Position
1		
2		
3		
4		

Will there be a benefit to the identified government/public official as a result of this funding?

Yes

No

If yes, please explain:

6. You and Your Organisation's Banking

We can only support our community as much as the community supports us.

Does your organisation currently bank with us?

Yes - BSB: 633 000, Account Number: _____

No

If no, are you willing to transfer your organisations business to our branch?

Yes

No

7. Previous Funding

Have you previously received funding from us?

Yes

No

If yes, please provide details:

Has this funding been used?

Yes

No

8. Your Project / Event Details

Project / Event Title	_____
Funding Amount Requested	_____
Total Cost of the Project	_____
Start Date	_____
Finish Date	_____

Areas your project / event is aiming to support.

<input type="checkbox"/> Aged Care	<input type="checkbox"/> Event
<input type="checkbox"/> Arts, Culture and Heritage	<input type="checkbox"/> Health
<input type="checkbox"/> Civic and Religious Groups	<input type="checkbox"/> Indigenous
<input type="checkbox"/> Education	<input type="checkbox"/> Sport
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Transport

9. Your Project / Event Budget

Outline your project / event's total income and expenses in the table below. Justification and/or a copy of quotations for significant expenses should be attached to your application.

Category	Type	Amount (ex. GST)
Income	Donations	
	Fundraising	
	In-kind support (i.e. Merchandise, use of marquee(s), BBQ Trailer, Wi-Fi, EFTPOS)	
	Bendigo Bank Sponsorship	
	Other	
	Total Income	
Expenses		
		Total Expenses

10. Your Obligations

This forms a major part of the assessment process and part of your contract if your application is successful.

	What Will You Do?	Where?	When? How Long? How Often?	Who Will See It? How Many People?
<input type="checkbox"/>	Use our logo			
<input type="checkbox"/>	Use our signage			
<input type="checkbox"/>	Use our marquee			
<input type="checkbox"/>	Provide naming rights			
<input type="checkbox"/>	Provide opportunity for us to tell the Community Bank story			
<input type="checkbox"/>	Advertise our brand			
<input type="checkbox"/>	Mention us as sponsors/ supporters on your website with a link to our website			

	What Will You Do?	Where?	When? How Long? How Often?	Who Will See It? How Many People?
<input type="checkbox"/>	Mention us as sponsors/ supporters on your Facebook page with a link to our Facebook page			
<input type="checkbox"/>	Acknowledge us through public announcement			
<input type="checkbox"/>	Invite one of our representatives to speak at one of your meetings			
<input type="checkbox"/>	Include information provided by us in your newsletter (printed and/ or electronic)			
<input type="checkbox"/>	Invite bank staff to attend your function			
<input type="checkbox"/>	Distribute our promotional material to the members and patrons of your organisation			

	What Will You Do?	Where?	When? How Long? How Often?	Who Will See It? How Many People?
<input type="checkbox"/>	Encourage your members to join our e-newsletter to get regular updates about our community			
<input type="checkbox"/>	Consider our other products (i.e. insurance) for your organisation			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

11. Your Supporting Documentation

Please ensure you have attached or completed:

- Quotations, plans and other relevant documents
- Any other relevant information (e.g. promotional materials, letters of support, etc.)

Sponsorship Application Checklist

Have You Completed Your Application?

#	Criteria	Confirmation
1	I have read the guidelines and ensured the project is eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	I have completed all fields in the application	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	I have included quotes for goods or services to support the request	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	I have ensured the application is signed by a Board member of the organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	I have signed the Sponsorship Loan Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I am the authorised officer able to make this application on behalf of the applicant organisation and I agree that:

- The statements made in this application are true;**
- All necessary permits/approvals will be obtained prior to the beginning of the project;**
- The project will be covered by appropriate insurance and details will be provided;**
- All relevant health and safety standards will be met;**
- Paradise Point Financial Services does not accept any liability or responsibility for the project.**

I understand that should this application be successful, I am responsible for the appropriate expenditure of these funds and for acquitting this expenditure back to Paradise Point Financial Services. Funds not acquitted may affect the decision of further applications submitted by the organisation.

If successful, I will:

- Ensure that acquittal requirements are met within six weeks of the nominated project completion date or annually if sponsorship/grant is for more than one year;**

- Accept the terms of the grant in accordance with Paradise Point Financial Services requirements;
- Complete the project within the specified timeframes.

Your Signature

Full Name	_____
Signature	_____
Position Held	_____
Organisation	_____
Date	_____

Signature of a Witness

Full Name	_____
Signature	_____
Position Held	_____
Organisation	_____
Date	_____

**Community Bank
Paradise Point and
Pimpama–Ormeau**

**We have invested more
than 3 million dollars into
our local community.**

**By banking with us
you support our local
community on the Northern
Gold Coast.**