

Community Partnership Program

Application Form

Please note, applications can also be submitted online **APPLY HERE**

| | |
|---|--|
| Name of Applicant organisation | |
| Australian Business Number (ABN) | |
| Does your organisation have DGR (Deductible Gift Recipient) status? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is your organisation a not for profit? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|----------------|-----------|
| Street Address | |
| Suburb | |
| State | Post Code |

| | |
|--|-----------|
| Postal Address (if different to above) | |
| Suburb | |
| State | Post Code |

| | |
|---|--|
| Does your organisation have any existing accounts with the Parkdale Community Bank branch? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, are you prepared to move your accounts to Parkdale Community Bank branch? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organisation hold accounts with any other bank or financial institution? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your organisation currently hold any partnership / sponsorship arrangements with any other bank or financial institution? If yes, please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Priority area your application supports:

- | | |
|---|--|
| <input type="checkbox"/> Arts, Culture & Heritage | <input type="checkbox"/> Community Facilities & Infrastructure |
| <input type="checkbox"/> Education / Research | <input type="checkbox"/> Emergency Services & Support |
| <input type="checkbox"/> Sport & Recreation | <input type="checkbox"/> Environment / Animal Welfare |
| <input type="checkbox"/> Health & Wellbeing | |

Community Partnership Program

Organisation Information

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

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|--|--|
| How many members, participants & volunteers do you have? | |
| Funds sought from Community Partnership Program? (Amount ex. GST) | \$ |
| Are there any other contributions you request from Parkdale Community Bank branch (prizes, merchandise, uniforms, etc.)? | |
| Has Parkdale Community Bank branch supported your organisation in the past? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide information on how your organisation has helped promote Parkdale Community Bank branch and if you are aware of any business that your organisation was able to generate for Parkdale Community Bank branch? | |
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| What does your organisation aim to do within the community? <i>Inspire us!</i> |
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| How will this partnership benefit your organisation & the community? |
| |
| As a goal, how much business would you aim to generate for Parkdale Community Bank branch (e.g. home loans, new accounts)? |
| |

Community Partnership Program

How would your organisation attempt to grow the business for Parkdale Community Bank branch?
Please include proposed publicity and marketing benefits including signage, branding on players, TV, radio, press, online, social (Facebook, Instagram, YouTube etc.), club newsletters:

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Have your organisations social pages 'liked' & 'followed' Parkdale Community Bank branch pages?
Yes No

What is your organisations' key event/s with maximum community attendance where Parkdale Community Bank branch could give a short presentation and present the 'big cheque'?

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Primary Contact Details

Secondary Contact Details

| | | | |
|----------------------|---|----------------------|---|
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> | Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| First Name | | First Name | |
| Surname | | Surname | |
| Mobile | | Mobile | |
| Email address | | Email address | |
| Role in Organisation | | Role in Organisation | |

Marketing, Communications & Social Media

| | | |
|-----------------------|----------|-----------|
| Social Media handles | Facebook | Instagram |
| Other Social Accounts | | |
| Contact Name | | |
| Email | | |
| Mobile | | |

Does your organisation have a Parkdale Community Bank branch account for direct credit should your application be successful?

| | | | |
|------------------|--|-----------------|--|
| Name of Account: | | | |
| BSB: | | Account Number: | |

Community Partnership Program

Conditions for applying for Partnership:

- It is expected that all partnered organisations agree to bank with Parkdale Community Bank Branch. If you currently do not bank with us and your application is accepted, please open an account prior to signing the Partnership Agreement.
- The committee of the partnered organisation must agree to the terms prior to signing the agreement.
- Proof of how funds were used is to be provided by end of Agreement period. Please send a summary including images to **Kirra Gridley** (parkdalecommunitybranch@gmail.com)
- Parkdale Community Bank Branch must be the exclusive financial services provider for your organisation
- The Partnership will be evaluated at the end of the Partnership term

I certify that all the details supplied in this application form and in the attached documents are true and correct to the best of my knowledge and that the application has been submitted with the full knowledge and agreement of the committee of the applicant organisation. I agree to notify the Parkdale Community Bank Branch if any information changes or is found to be incorrect. I note that all information provided is confidential and will be used only for the purpose of administering our **Community Partnership Program**.

| | |
|-----------------------|--|
| Signed: | |
| Name (please print): | |
| Role in Organisation: | |
| Date: | |

OFFICE USE ONLY

Date application received ___ / ___ / ___

Approved

Yes No

| |
|-----------------|
| Recommendation: |
|-----------------|

Parkdale / Mentone East Community Bank Branch Limited 20 089 783 166 who own and operate Parkdale Community Bank Branch 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 <https://www.bendigobank.com.au/disclosure-documents/privacy-disclosure-statement/>.

Bendigo and Adelaide Bank Limited, ABN 11 068 049 178 AFSL / Australian Credit Licence 237879.