

#### Address all correspondence to:

The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia shoalhaven.nsw.gov.au/contact | 1300 293 111

# **Community Donation Application**

City Performance

**Financial Year** 

File: 4771E

- Please refer to the Community Donations Policy before completing this application form This information is the minimum required for an application
- Please attach additional information as requested in the Checklist of documents to be forwarded with application, as listed at the end of this form
- Applications are due by 5.00pm on 14 August 2022
- The decision of the Community Donations Assessment Panel is final
- Please contact the Governance Team on 4429 3316 for further details if required

### 1. Application Details

Date of Application

#### Category

	General Donations (Culture, Community, Environment				
	Sponsorship of Local Events				
	Subsidised Rental, Rates and Use of Council Facilities				
	Other / Not sure				
Title	of Project or Event				
Amo	Amount of assistance being sought				

Please provide details of expected donation expenditure

## 2. Details of Organisation / Individual

Name of Applicant / Organisation responsible for the event/activity

ABN (if applicable)	
Contact Person	
Mailing Address	
Email	
Phone	

Insert form number and barcode.

Type of Organisation (please tick all that apply)									
	Not for Profit	Reg	istered Charity	Incorp	orated				
	Other (please specify)								
3. Details of Event / Project									
Does this event / project require Council approval? If so, please complete section below:									
Hav	Have you applied for approval with Shoalhaven City Council for this event?YesNo								
lf ye	s, date of submission								
Date	e/s of the proposed event / p	roject	1						
Whe	ere will the event / project tak	ke place?							
	f description of the event / pi	OJECI							
Who will the target audience or participants be?									
	is proposed to be an annual		-		Yes	No			
Will the proceeds of this event be donated to another organisation or charity?						No			
If yes, please specify									
4. F	unding								
Tota	al cost of the event / project	\$			-				
Fun	ds held by the organisation t	hat will be	used to support the eve	ent or project	\$	,			
	there be a fee, charge or co	ntribution p	bayable by participants?		Yes	No			
If yes, please provide details									
Has Council previously assisted your organisation with an event / project					Yes	No			
lf ye	s, please provide details								
Have you applied for funding for this event / project from others?					Yes	No			
lf ye	s, please provide details								

	g from other Organisations		-			
Source		Amount	Suc	cessful?	NI	11
				Yes Yes	No No	Unknown Unknown
Other fu	Inding from Council			103		Onknown
Source	~	Amount	Suc	cessful?		
				Yes	No	Unknown
If any ar	pplications were successful, what	was the		Yes	No	Unknown
	ount allocated?	was life	\$			
Is it anti	cipated this event / project will be	self-		Yes		No
	n the future?					
if yes, p	lease provide details					
How do	you intend to give public recognit	ion to the	finan	cial assistand	ce received fr	rom Council and
	edge Council's financial assistant					
	-	-				
		atio Diam I		vievitiee the	4 4 4	
	se select the Community Strate g inclusive, safe and connected	-	-		it this event.	/ project will meet
Banan						racilianaa
	Wellbeing and social support			ety – emerge	ncy services,	, resilience
	Connectedness – people's sens					
Activate	e communities through arts, cu	Iture and	even	ts		
	Visual and performing arts		Cult	ural heritage	•	
	Building social capital		Pub	lic art projec	ts	
Suppor	t active, healthy liveable comm	unities				
	Sports and fitness		Hea	Ithcare prom	otion	
Protect	and showcase the nature envir	onment	1			
	Community education		Clea	an-up and be	autification	
	Animal / wildlife welfare		Bus	hcare / Dune	ecare / Parkca	are
Maintai	n and grow a robust economy v	with vibra	nt to	wns and vill	ages	
	Markets and small producers		Emp	oloyment opp	oortunities	
	Other (please state)					
Please p	provide any other information in s	upport of t	this ap	oplication (us	e a separate p	bage if necessary)

lf yo sect	ur application does not relate to rental, rates or use of Council facilities, <b>p</b> ion	lease sk	ip this		
Please state for which property or facility the rental or rates subsidy is being sought					
Does	s Shoalhaven City Council own or manage this facility	Yes	No		
How	often will your organisation use this facility?	<u> </u>			
Plea	se estimate the amount of time that your organisation uses the facility each mo	nth			
Pleas	se give a brief description of the project or activities for which the premises are	being use	ed:		
	our organisation	Ū			
Byo	thers				
БуО					
<u> </u>	be abled of do even outs to be formended with any lighting				
6. C	hecklist of documents to be forwarded with application	el e un e a elite			
	A copy of the most recent Annual Report (including financial statements of income an balance sheet in support of application) – preferably audited	a expenditu	ire and		
	If you do not hold an ABN, completed <u>Statement by Supplier form</u>				
	Evidence of incorporation where applicable.				
	For events, a copy of the applicant's current public liability insurance policy (Co	ertificate o	of		
	Currency).				
	Where the applicant is a registered public charity, a copy of the registration ce				
	Where the applicant is an unregistered not-for-profit organisation seeking rates evidence of charitable purpose and details of occupancy of property.	s subsidy,	,		
	Budget for the event or project. This should be a firm estimate if not the final b	udget.			
	Detailed acquittal report of previous Council financial assistance received, if no submitted.	•	,		
	I / we certify the information provided is true and correct.				

7. In making this application I / we confirm that:						
	Where funding is being sought for an event, this event will comply with Council's Events policy					
	I / we will retain full responsibility for organising and hosting the project or event, including marketing, procurement, administration, obtaining all relevant permits, and supplying information as requested by Council.					
	No financial assistance, other than that which is outlined in this application, is being received or sought from Council this financial year for this project or event.					
	I / we undertake to provide an acquittal of the funding by the end of the financial year in which					
the donation is paid.   I have been authorised by (organisation) to make this application						
Name						
Position in Organisation:						
Signature		Date				

## 8. Privacy & Public Access to Information

Information supplied on this form will be managed in accordance with <u>Council's Privacy Management</u> <u>Plan</u>, Public Access to <u>Council Information Policy</u> and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the Government Information (Public Access) Act 2009 (GIPA Act) unless there is an overriding public interest against disclosure of this information. Further information on privacy and public access to information can be found on <u>Council's website</u>.

The supply of personal information by you is voluntary. However, if you cannot provide or do not wish to provide the information required, Council will be unable to process your application. You may make application for access to, or amendment of, information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the relevant legislation. Enquiries concerning this matter can be addressed to Council by telephoning 1300 293 111.

## 9. Lodgement Details

You can lodge the completed return by:

Email: <u>council@shoalhaven.nsw.gov.au</u> or

In person: Council offices at Bridge Rd, Nowra or Deering St, Ulladulla

Once your application is received, a Council Officer will contact you if further information is required.