

APPLICATION FOR DONATION / FINANCIAL ASSISTANCE

Request for the Financial Year 2019-2020

1. Applicant/Organisation:

Name of Organisation: _____

Address: _____

Telephone: _____

President/Chair Name: _____

Secretary Name: _____

Treasurer Name: _____

Is your organisation an Incorporated body? Yes / No

If Yes, please attach your financial statements

How many members does your organisation have? _____

2. Financial Assistance

Amount Requested: \$ _____
(minimum \$200.00)

* Please note that the total value of donation in any one financial year to any one organisation may not exceed \$2,000. Latest Annual Financial Statements must be provided for all requests over \$1,000 or request cannot be considered.

Details of how Council's funds will be expended:

Please list any donations given to your organisation by Council, over the last three years:

AMOUNT	DATE	Purpose to which funds were put

Please list any donations given to your organisation by other organisations or agencies, over the last three years:

AMOUNT	DATE	Received from whom and purpose to which funds were put

Do you consent to Council evaluating how the funds were spent, if Council elects to do so? Yes / No

3. Information Regarding the Organisation

a) What services or activities does your organisation provide to Shellharbour residents?

b) How will the donation you have requested benefit Shellharbour residents?

PRINCIPAL OBJECTIVES: - describe in broad terms the principal objective of your organisation, as stated in your Constitution.

The SHELLHARBOUR COMMUNITY STRATEGIC PLAN is available on Council's website and from Council's Administration Centre. Please explain with reference to Council's COMMUNITY STRATEGIC PLAN, how the activities of your organisation assist Council to achieve specific Objectives and Strategies within the COMMUNITY STRATEGIC PLAN.

** Must be completed.*

4. Additional Information

Any additional information which you consider necessary.

5. How will your organisation acknowledge the Council's donations?

6. Declaration of Non-Profit / Registered Charity or Organisation

I _____ declare the _____ is a non-profit
(office bearer) (organisation)

organisation / registered charity for the purposes of the Australian Taxation Office.

(signed)

(witness)

(registration number)

President/Chairperson Signature: _____

Date: _____

All applications to be submitted to:

The General Manager
Shellharbour City Council
Locked Bag 155
Shellharbour City Centre 2529

or email: council@shellharbour.nsw.gov.au