# 2018/19 Community Donations Application

Lodge Applications at Ballina Shire Council • 40 Cherry Street • Ballina (Mon -Fri 8.15am to 4.30pm) mail PO Box 450 Ballina 2478 • e council@ballina.nsw.gov.au • t 1300 864 444 w ballina.nsw.gov.au • abn 53 929 887 369

ballina shire council

All applications received will be acknowledged in writing by Council.

A committee of Council will consider all requests following the adoption of the 2018/19 budget at the June 2018 Council Meeting. Applicants will be notified once a decision is made in late July/August 2018.

## Applications close: Friday 8 June 2018

## **Guidelines for Approval of Council Donations**

Council donations generally do not apply to individuals however in certain circumstances donations may be provided. Refer to Council's website for the following donation related policy:

Donations - Financial Assistance Policy

In allocating funds Council will give consideration to the nature of the works, the proposed beneficiaries, recent donations to each applicant, alternative funding sources and equity of support across the local government area.

| Organisation / Contact Details                 |           |       |        |                    |             |
|--|-----------|-------|--------|--------------------|-------------|
| Name of Organisation                           |           |       |        |                    |             |
|  |           |       |        |                    |             |
| Postal Address                                 |           |       |        |                    |             |
|  |           |       |        |                    |             |
| Primary Purpose and Activities of Organisation |           |       |        |                    |             |
|  |           |       |        |                    |             |
|  |           |       |        |                    |             |
| President                                      | T         |       |        | On another in      |             |
| President                                      | Treasurer |       |        | Secretary          |             |
| Contact Person for Application                 |           | Phone |        | Mobile Phone       |             |
|  |           |       |        | ]                  |             |
| Email  |           |       |        |                    | No. Members |
| Email  |           |       |        |                    | No. Members |
|  |           |       |        |                    |             |
| Is the Group / Organisation GST Registered?    | ☐ Yes     | ☐ No  | Exempt | If yes provide ABN | Number      |
| Is the Group / Organisation Not-for-Profit?    | ☐ Yes     | ☐ No  |        |                    |             |
| Is the Group / Organisation Incorporated?      | Yes       | ☐ No  |        |                    |             |

#### **Privacy Protection Notice**

The completed Community Donations application contains personal information which is being collected for the purpose of processing the application. Provision of the information is voluntary, however, if insufficient information is provided, Council will be unable to process the application. The information will be processed by the General Manager's Group and may be made available to public enquiries under the Government Information (Public Access) Act 2009. The information will be stored in Council's electronic document management system.

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| Summary of Application  |                               |  |  |  |  |  |  |
|---|-------------------------------|--|--|--|--|--|--|
| Description of Project or Activity (how the donation would be spent, if provided, eg new roof, building a fence, paying for insurance etc)  |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
| Diagon provide details of how you arrived at the estimated total cost of works. Degreets for amounts over \$4,000 r   | aguira at locat two writter   |  |  |  |  |  |  |
| Please provide details of how you arrived at the estimated total cost of works. Requests for amounts over \$1,000 requotes to be provided as part of this application.                              | equire at least two writter   |  |  |  |  |  |  |
| Quotation 1   | \$                            |  |  |  |  |  |  |
| Quotation 2   | \$                            |  |  |  |  |  |  |
| Overtables 2  | Φ.                            |  |  |  |  |  |  |
| Quotation 3   | \$                            |  |  |  |  |  |  |
| Comment   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
| Estimated total cost of project \$ Amount sought from Council \$  |                               |  |  |  |  |  |  |
| Copies of quotes must be attached to application  |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
| Benefits of the Project to the Community  |                               |  |  |  |  |  |  |
| Please describe why you believe community funds should be applied to your project.  Information should include the people/sections of the community that will benefit from the project or activity. |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
| Finances  |                               |  |  |  |  |  |  |
| Briefly describe why you need financial assistance from Council ie. what financial resources are available to you and w   | hy are they not sufficient to |  |  |  |  |  |  |
| pay for this project.   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |
|   |                               |  |  |  |  |  |  |

#### **Financial Information - Community Donation Assessment**

This information is being collected to enable Council to assess the financial circumstances of the applicant. The information will only be used for the purposes of this assessment. The form is split into two sections.

**Section 1** asks for information in respect to the finances for organisations.

Section 2 seeks information in respect to a particular project or event and is required to be completed by both organisations and individuals.

| Section 1 Financial Information (O  | ganisations)  |                                       |      |        |  |  |  |  |  |
|---|---|---------------------------------------|------|--------|--|--|--|--|--|
| What funds do you have in the bank/invest (funds invested include money at call in the    | \$  |                                       |      |        |  |  |  |  |  |
| Details of any property owned either in whole or part                                     |   |                                       |      |        |  |  |  |  |  |
|   |   |                                       |      |        |  |  |  |  |  |
| Details of any other assets owned with an estimated value over \$2,000 (eg motor vehicle) |   |                                       |      |        |  |  |  |  |  |
|   |   |                                       |      |        |  |  |  |  |  |
| Income received last financial year   | 3   | Expenses incurred last financial year | \$   |        |  |  |  |  |  |
| Estimated income this financial year  | \$  |                                       |      |        |  |  |  |  |  |
| Comment   |   |                                       |      |        |  |  |  |  |  |
| Section 2 Project Finances (Organia   | sations & Individuals)                                |                                       |      |        |  |  |  |  |  |
| What is the estimated cost to run the even  | \$  |                                       |      |        |  |  |  |  |  |
| Details of Proposed Funding Sources   | tails of Proposed Funding Sources Council Donation \$ |                                       |      |        |  |  |  |  |  |
|   | Own Funds \$  |                                       |      |        |  |  |  |  |  |
|   |   |                                       |      |        |  |  |  |  |  |
|   |   |                                       |      |        |  |  |  |  |  |
| Briefly describe the expenses you expe  | ct to incur   |                                       |      |        |  |  |  |  |  |
| From  | m   |                                       |      |        |  |  |  |  |  |
| From  | om m  |                                       |      |        |  |  |  |  |  |
| From  | om  |                                       |      |        |  |  |  |  |  |
| If income exceeds expense what will happ  | \$  |                                       |      |        |  |  |  |  |  |
|   |   |                                       |      |        |  |  |  |  |  |
|   |   |                                       |      |        |  |  |  |  |  |
| Applicant's Signatures  |   | Name (print)                          |      |        |  |  |  |  |  |
| Name (print)  |   |                                       |      |        |  |  |  |  |  |
| Position Position   |   |                                       |      |        |  |  |  |  |  |
|   |   |                                       |      |        |  |  |  |  |  |
| Signature   | Date  | Signature                             | Date | $\neg$ |  |  |  |  |  |