



APPLICATION FOR DONATION

1 APPLICATION DETAILS
1.1 Tick the box which best describes who you are: <input type="checkbox"/> Not-for-profit organisation <input type="checkbox"/> Local school* <input type="checkbox"/> Student <input type="checkbox"/> Community group <input type="checkbox"/> Other local participant <i>*Local school means any school within the City of Bayswater</i>
1.2 Applicant's details Name of Applicant Postal Address Postcode Website Age: (if student)
1.3 Contact person Name Position Telephone (Home) (Mobile) Facsimile Email
2 PROJECT DETAILS AND EVALUATION OF SUCCESS
2.1 Project name:
2.2 Describe your project and how you are planning to do it. Include the aim/s of your project and the activities you will run to achieve your aim/s (maximum 200 words).
2.3 When will you be attending the state representative event?
2.4 Timeline of your project. Please include important dates and locations. Estimated project start date Estimated project finish date Actual event date Location/s

2.5 Partnerships. Will other groups, organisations or people be helping with this project? Please list ALL the agencies and/or key people involved.

2.6 Cost of project/participation in event:

\$ _____

a) List any in-kind support being offered to the project. "In-kind" means services provided free of charge, for example volunteers or staff wages.

b) List any other sources of funding:

2.7 Should your application be successful, how would you like to receive your donation:

By cheque: in the name of (if child with no bank account)

Or EFT:

Bank Account details -

Name:

Name of Bank:

Branch code (BSB Code)

Account No:

Up to 9 digits (do not include BSB Code)

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3 DECLARATION

- I declare that I am a resident of the City of Bayswater.
- I declare that I have not received any other funding from the City during the current financial year.
- I declare that all information provided in this application form is correct.
- I have enclosed supporting documentation from my school or representative body, as appropriate.

Signature:

Date: