The City of Bayswater welcomes requests for donations from eligible persons, clubs or groups. If you would like to submit a request for a donation, your request must align to one or more of these categories:

* Persons\*/groups/local schools/sporting clubs/not-for-profit organisations
* Community donations
* Charities
* Community club capital requests
* Reduced charges for community venues.

The City receives many donation requests each year and unfortunately it is not possible to support them all. Please note that applying does not automatically guarantee the donation will be approved by the City. If you would like to apply for a donation, please complete the Donation Request Form and submit it to the City.

**\*If you are seeking an individual donation for a City of Bayswater resident attending a representative event, please complete a *Donation Request Form- for Individuals*, which can be found on the City’s website.**

**KEY INFORMATION**



Community Donations

Information and Application form

* Requests for donations for initiatives that are aligned to the above categories may be considered at the discretion of the City to a maximum value of $5,000 subject to meeting the **eligibility criteria**. In some instances an Acquittal Form will need to be completed which may include the provision of receipts.
* Sporting clubs and other incorporated, not-for-profit organisations resident within the City of Bayswater boundaries can apply for funding to support trophies, events or sponsorship to a maximum value of $200 per financial year subject to meeting the **eligibility criteria**.
* Where a donation is requested that includes the waiver of fees or charges for City services e.g. the venue hire and rubbish collection, those costs will be deducted from the donation.
* You can help us by providing **typed or neatly handwritten** information so that we can assess it quickly and provide you with a response.
* Applications for donations can be made **at any time** but are subject to strict conditions as many requests are received but not all can be supported.
* If you require **assistance** with your application, please contact the City's Donation Contact Officer, on
(08) 9272 0622.

**ELIGIBILITY CRITERIA**

* Applicants must reside or be located within the City of Bayswater.
* Preference will be given to events that encourage new services and resources, increase community participation or wellbeing and create a vibrant cultural and community life **in the City of Bayswater**.
* The City's contribution needs to be acknowledged on all promotional materials and copies of these provided to the City.
* Only one eligible donation or grant of any kind per eligible organisation will be considered during a financial year across all funding streams; and
* Charitable, religious and other organisations which are exempt from local government rates are not eligible for this funding.

**OTHER FUNDING**

Given the set amount of funding available through the City's Donations Program, applicants are encouraged to seek additional funding from other funding sources, as required.

*Applicants must complete ALL sections. Please contact (08) 9272 0622 for any queries.*

|  |  |
| --- | --- |
|  **APPLICANT'S DETAILS**  |  |
| Name of organisation:   |   |
| Is your organisation registered with the Australian Charities and Not for Profit Commission?   | YES [ ]  NO [ ]  |
| ABN:   |   |
| Street Address:   |   |
| Postal Address (if different from above):   |   |
| Telephone Number:   |   |
| Mobile Telephone Number:   |   |
| Email Address:   |   |
| Website Address of club/group:   |   |
| Signature:  |   |
| Date:  |   |

|  |  |
| --- | --- |
| **APPLICANT'S BANK ACCOUNT DETAILS**  |  |
| Name of bank:   |   |
| Suburb:   |   |
| Branch code (BSB Code):   |   |
| Account Name: (Name of the applicant or contact person acting on behalf of the applicant receiving funding)   |   |
| Account number: Up to 9 digits (do not include BSB Code)  | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  |

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| --- |
| **EVENTS, TROPHIES AND SPONSORSHIP** |
| Name of activity/event/ initiative |     |
| Description of the activity/event/initiative including key dates and locations: |           |
| Expected Benefits and Outcomes:*Note: Include how the City of Bayswater community will benefit from the proposed activity/event/initiative.*  |    |
| Where can the City’s contribution be acknowledged?  *Example: flyers, photo’s, newspaper articles, social media posts, speeches etc.*   |   |

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| **ACTIVITY/EVENT FUNDING**  |
| What is the estimated total cost of the activity/event/initiative? *(Please provide a breakdown of costs)* | $  |
| How much are you requesting from the City of Bayswater?  | $  |
| What will this funding specifically be used to provide?  | [ ]  Sponsorship of a particular activity [ ]  Venue hire [ ]  Marketing and promotion[ ]  Trophies [ ]  Rubbish collection [ ]  Activity resources/hire of equipment[ ]  Other  |

|  |
| --- |
| **DECLARATION**  |
| I acknowledge and agree that this Application and information regarding it is subject to the *Freedom of Information Act 1992* and that the City of Bayswater may publicly disclose information in relation to this Application, including its terms and the details of any related Organisation or Individual.  The City of Bayswater may wish to provide certain information to the media for promotional purposes. For example the applicant name, location, donation purpose and donation amount.  [ ]  I declare that the applicant is resident or located within 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 accurate. [ ]  I give permission to City of Bayswater, if applicable, to contact any persons or organisations in the processing of this application and understand that information may be provided to other agencies, as appropriate [ ]  If this application is successful, I am aware the Terms and Conditions as outlined in this form will apply to ensure accountability requirements are met.  |

|  |  |
| --- | --- |
| Signature:  |   |
| Date:  |   |

**Please return your completed form to:**

**Email: mail@bayswater.wa.gov.au**

**In person: 61 Broun Avenue, Morley 6062**

**Or post to: PO Box 467 Morley, WA 6943**

**Upon receipt of your application, an acknowledgement email will be sent to you by the City to confirm receipt. Please provide your email details on Page 2 of this document.**