**2020/2021 DONATION INFORMATION**

KEY INFORMATION

The City of Bayswater is pleased to support residents attending representative events. The following **selection criteria** are designed to make this a fair and equitable process for all residents.

* You can help us by providing **typed or neatly handwritten** information so that we can assess it quickly and provide you with a response.
* We need to receive your donation request 14 days before your event.
* If you require **assistance** with your application please contact the City's Donation Contact Officer, on (08) 9272 0633.

GENERAL INFORMATION AND GUIDELINES

The City of Bayswater each year allocates a small donations budget to build the capacity of its residents and local community groups. 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.

ELIGIBILITY CRITERIA:

* Residents nominated to represent their club/organisation at a WA, National or International event.
* Residents must be in receipt of a valid Health Care Card or Pensioner Concession Card.
* Residents travelling to pursue specific initiatives.

*Preference will be given to supporting events/initiatives which promote personal and leadership development or community involvement.*

Note: Excursions organised as part of the school's curriculum are not eligible for assistance.

FUNDING LEVELS AND CONDITIONS:

* To support the costs of travelling/accommodation to compete to the value indicated on the table below:
* Only one eligible donation or grant of any kind per household will be considered during a financial year across all funding streams.
* Letters of support must be provided by the organising body/club for each applicant.

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| **Event** | **Individuals seeking a donation for each event** |
| 1-4($ each) | 5-8($ each) | 9-12($ each) | 13+($ each) |
| WA event | $100 |   $75 |   $50 | $25 |
| National event | $200 | $150 | $100 | $30 |
| International event | $300 | $200 | $100 | $50 |

**Note: Applicants must complete ALL sections. Please contact (08) 9272 0633 for any queries.**

**Other Requests for Donations**

Should a request be made for a donation over $200 or for an initiative/ activity not already mentioned within this form, the request may be considered and assessed accordingly at the discretion of the City.

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| **APPLICANT'S DETAILS** |
| Name: |  |
| Date of Birth: |  |
| Are you in full-time or part-time employment? | [ ]  Full-time [ ]  Part-time [ ]  N/A |
| Residential Address: |  |
| Postal Address *(if different from above):* |  |
| Name of Contact Person *(parent or guardian if the applicant is under 18 years of age)* |  |
| Relationship of Contact Person to the Applicant:  |  |
| Telephone Number: |  |
| Mobile Telephone Number: |  |
| Email Address: |  |
| Website Address of connected club/group: |  |
| Signature of applicant or guardian: |  |
| Date: |  |
| **EVENT DETAILS** |
| Name of team or initiative, location and date of event: |  |
| Total cost of participation: | $ |
| Breakdown of cost of participation, i.e. airfares, accommodation, etc.: | $$$$ |
| Confirmed funding receivable: | $$$ |
| Balance payable by applicant: | $ |
| **BANK ACCOUNT DETAILS for the person travelling, should funding application be successful** |
| Account Name:*(Name of the applicant, or contact person acting on behalf of the applicant receiving funding)* |  |
| Name of bank: |  |
| Suburb: |  |
| Branch code (BSB Code): |  |
| Account number:*Up to 9 digits (do not include BSB Code)* | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

**Please attach supporting documentation from the relevant body, i.e. confirmation of your selection to participate.**