

APPLICATION FORM for a donation under the Donations Policy

(see Council's Donations Policy for details)

Applications are welcome at any time but will be held for consideration on a quarterly basis. Closing dates and times: 4:30pm on the second Friday in August, November, February and May

ORGANISATION DETAILS: Name of organisation/community group: Address: Contact Phone: Contact Email: President's Name: Secretary's Name: Treasurer's Name: **ELIGIBILITY:** In relation to your organisation/community group: (please tick) Is it registered for GST?] Yes \neg No Is it community-based and non-for-profit? Yes Πo Is it based in or affiliated with the Coonamble Local Government Area?] Yes No Has it received any previous donation under the Donations Policy? Yes Πo **PURPOSE:** Describe, in some detail, what your organisation proposes to do with the requested donation. What are the outcomes/outputs you are hoping to achieve from your project/activity? How will these outcomes/outputs benefit the people of the Coonamble Local Government Area?



Who—and how many people—do you foresee benefiting from your project/activity both directly and indirectly?		
FINANCIAL CONSID	ERATIONS:	
What is the amount of	the donation you	are requesting? \$
		quested, will you still be able to complete your project/activity by not, what alternative course of action have you planned?
		unt include the value of general-purpose rates? Yes No of your organisation's rates, please attach a copy of the last
Financial Statements	s: Please include	a copy of your organisation's most recent financial statements.
Sign and Date:	(Chairperson, S	Secretary or Treasurer's signature + date)
Please return to:	By Post:	The General Manager Coonamble Shire Council PO Box 249 COONAMBLE NSW 2829
By Fax: By Email: By Hand:		(02) 6822 1626 <u>council@coonambleshire.nsw.gov.au</u> 80 Castlereagh Street, Coonamble

For further information regarding the Application Process please contact Council on 02 6827 1900 or email council@coonambleshire.nsw.gov.au.