

# Donations to Fundraising Appeals - Application Form 2023/2024

## Form Preview

### SECTION 1

\* indicates a required field

#### Donations to fundraising appeals

Complete this application form if you are seeking funding to support a fundraising appeal of a charitable organisation servicing the City of Bayside. Applications will be assessed on an individual basis in accordance with the Grants Policy. All applications must identify a need and outline the benefit to the Bayside community. Applications for fundraising events will be referred to the Events and Festivals grant stream.

Council must be acknowledged on all published material related to the grant. A Council logo will be provided to successful applicants for inclusion in all promotional material.

Successful applicants must complete and submit to Council, an online acquittal form, within the current financial year. Applicants that do not submit an acquittal form may not be eligible for future Council grants.

#### Applicant details

**Applicant \***

Individual       Organisation  
Organisation Name

<input type="text"/>		
Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address \***

Address

<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Phone Number \***

**Email \***

**Website**

If available

#### Organisation contact

Only complete if you are applying as an organisation.

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### Organisation contact

Title First Name Last Name

Person we make contact with regarding the application on the above contact details

### Position Title

### Is your organisation not-for-profit?

Yes  No

### Organisation ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

## SECTION 2

\* indicates a required field

### Charitable Organisation Details

**What is the name of the charitable organisation that you are wanting to donate to? \***

**Charitable organisation ABN**

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	

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Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Is the charitable organisation registered with the Australian Charities and Not-for-profits Commission?**

- Yes  
 No

If unsure you can search the list of registered charities at [www.acnc.gov.au/charity](http://www.acnc.gov.au/charity)

**Briefly describe what the charitable organisation does. \***

Word count:

Must be between 50 and 100 words.

**What are the primary areas of focus for this project/program?**

No more than 5 choices may be selected.

You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

**Who are the primary beneficiaries of this project/program?**

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

**Please describe the benefits to the Bayside community including the total number of Bayside residents expected to directly benefit from the funds raised for the charitable organisation. \***

Word count:

Must be between 50 and 150 words.

Fundraising Appeal Details

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**How much grant funding are you applying for? \***

\$

Must be a dollar amount

**How much are you expecting to raise for the charitable organisation? \***

\$

Must be a dollar amount.

**Please describe how the grant funds will be used to assist the fundraising appeal.**

\*

Word count:

Must be between 50 and 150 words.

**How will you ensure the safety of children and young people throughout the delivery of your project/program? (if applicable)**

Word count:

Must be no more than 150 words. Bayside City Council has zero-tolerance towards abuse and neglect of children and young people. It is a grant applicant's responsibility to ensure that all employees and volunteers engaged by them to undertake work within their Council funded projects, comply with current legislative requirements and Child Safe standards. <https://ccyp.vic.gov.au/child-safe-standards/> If you require assistance with understanding your organisations requirements please contact Bayside's Child Safety Contact Officer on 9599 4387.

## SECTION 3

\* indicates a required field

### Other funding

**Have you received grant funding from Bayside City Council in the past five years? \***

Yes  No  Unsure  
e.g. Annual Community Grants

**If yes, please detail how much and when you received the funding.**

Word count:

Must be no more than 100 words.

**Has the charitable organisation received other funding for this fundraising appeal? \***

Yes  
 No

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**If yes, please identify from who, how much and when they received the funding.**

Word count:  
Must be no more than 100 words.

### Budget

Please detail how you will be spending the grant monies. The total must be at least the amount of the grant being applied for.

<b>Expenditure</b>	<b>\$</b>
	\$
	\$
	\$
	\$

### Other documentation

**Please attach copy of expenses and any other documentation**

Attach a file:

## SECTION 4

### Grant Payment Documentation

In the case your application is approved, you will need to provide a tax invoice to Bayside City Council. In order to received the approved grant payment promptly, you may select to upload it here OR you may wait until you have received notification of your grant approval status to email it to us.

### Tax Invoice

Attach a file:

## SECTION 5

\* indicates a required field

### Declaration and submit

#### Privacy statement

We respect your privacy. We will not sell or give away your personal information. Occasionally we may use your details for our own research purposes or to let you

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know about other Council information. If you want to see your personal data, modify your details, or if you receive information from us that you do not want in future, please contact the Privacy Officer on 03 9599 4444 or email [privacy@bayside.vic.gov.au](mailto:privacy@bayside.vic.gov.au)

Information about all grants awarded by Council will be made available to the public as required by the Local Government (General) Regulations 2015. This will not include any personal information concerning members of the recipient organisations.

### Declaration \*

I agree the information in this application and the attachments is, to the best of my knowledge, true and correct. I shall notify Bayside City Council of any changes to this information or circumstances that may affect this application. I understand that this is an application only and may not necessarily result in funding approval.

### Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Submit

Note that when you submit the application you will receive an email confirming your submission with a pdf copy of your application. If you do not receive an email you have not submitted the application. If you have any concerns please contact Bayside City Council's Community and Social Planner on 9599 4787 or [grants@bayside.vic.gov.au](mailto:grants@bayside.vic.gov.au)