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

Address * Address Suburb State Postcode
Suburb State Postcode
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 above cont	make contact with react details	egarding the applic	ation on the
Danisia Tista				
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 nan	ne		
	ABN statu	S		
	Entity type	е		
	Goods & S	ervices Tax (GST)		
	DGR Endo	rsed		
	ATO Chari	ty Type	More informa	ation at the state of the state
	ACNC Reg	istration		
	Tax Conce	essions		
	Main busir	ness 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	More information
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
YesNoIf unsure you can search the liswww.acnc.gov.au/charity	st of registered charities at
Word count:	
Must be between 50 and 100 v	vords.
value. Only select sub-categorian this question we want to know	e selected. area of the list – all have equal ies if you want to be more specific. ow about the field of work (e.g. a the types of people it will affect
No more than 5 choices may b Please choose only the group/s project/program	e selected. s that are at the very core of this
Word count: Must be between 50 and 150 v	vords.

Fundraising Appeal Details

Is the charitable

does. *

organisation registered with the Australian Charities and Not-forprofits Commission?

Briefly describe what the charitable organisation

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

Who are the primary beneficiaries 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.

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How much grant funding are	e 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 word	S.				
How will you ensure the saf delivery of your project/pro	ety of children and young people gram? (if applicable)	throughout the			
of children and young people. It is volunteers engaged by them to un current legislative requirements ar	Bayside City Council has zero-tolerance to a grant applicant's responsibility to ensurdertake work within their Council funded placed Child Safe standards. https://ccyp.vic.gorstanding your organisations requirement 4387.	e that all employees and orojects, comply with ov.au/child-safe-standards/			
SECTION 3					
* indicates a required field					
Other funding					
Have you received grant funding from Bayside City Council in the past five years? *	O Yes O No e.g. Annual Community Grants	○ Unsure			
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:		
y -	Must be no more than 100 words.		
Budget			
Please detail how you will be speamount of the grant being applied	nding the grant monies. The total must be at least the d for.		
Expenditure	\$		
	\$		
	\$ \$		
	\$		
Other documentation Please attach copy of Attach a file:			
expenses and any other documentation			
SECTION 4			
Grant Payment Document	tation		
	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

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 *

O 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 undertand that this is an application only and may not necessarily result in funding approval.

Name *

Title	First Name	Last Name

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