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 *	IndividOrganisa	ual tion Name	⊖ Org	ganisa	tion
	Title	First Name	2	Last N	lame
Address *	Address				
	Suburb	State P	ostcode	2	
Phone Number *					
Email *					
Website					
Organisation contact					

Organisation contact

Title

Only complete if you are applying as an organisation.

First Name

Last Name

	Person we make contact with reabove contact details	egarding the application on the		
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	More information		
	ACNC Registration			
	Tax Concessions			
	Main business location			
SECTION 2				
* indicates a required field				
Charitable Organisation D	etails			

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

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 www.acnc.gov.au/charity	list of registered charities at
Word count: Must be between 50 and 100	words.
value. Only select sub-catego In this question we want to k	y area of the list – all have equal pries if you want to be more specific. now about the field of work (e.g. an the types of people it will affect
No more than 5 choices may Please choose only the group project/program	be selected. be selected. be selected.
Word count: Must be between 50 and 150	words

community including the total number of Bayside residents expected to directly benefit from the funds raised for the charitable organisation.

Is the charitable

does. *

organisation registered with the Australian **Charities and Not-for**profits 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

Fundraising Appeal Details

How much grant funding are	e you applying for? *	
\$ Must be a dollar amount		
How much are you expectin \$ Must be a dollar amount.	g to raise for the charitable orgar	nisation? *
Please describe how the gra	ant funds will be used to assist th	e 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	

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 speamount of the grant being applie	nding the grant monies. The total must be at least the d for.			
Expenditure	\$			
	\$ \$			
	\$			
	\$			
Other documentation				
Please attach copy of expenses and any other documentation	Attach a file:			
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

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