

**Applications are welcome at any time but will be held for consideration three times each year.
Closing dates and times: 4:30pm on the second Friday in January, May and September.**

ORGANISATION DETAILS:

Name of organisation/community group: _____

Address: _____

Contact Phone: _____

Contact Email: _____

President's Name: _____

Secretary's Name: _____

Treasurer's Name: _____

ABN: _____

ELIGIBILITY:

In relation to your organisation/community group:

(please tick)

Is it registered for GST?

Yes

No

Is it community-based and non-for-profit?

Yes

No

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

No

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?

