

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 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: **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.