

## **APPLICATION FOR DONATION / FINANCIAL ASSISTANCE**

**Request for the Financial Year 2020-2021**

### **1. Applicant/Organisation:**

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

President/Chair Name: \_\_\_\_\_

Secretary Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Is your organisation an Incorporated body? Yes / No

If Yes, please attach your financial statements

How many members does your organisation have? \_\_\_\_\_

### **2. Financial Assistance**

Amount Requested: \$ \_\_\_\_\_  
(minimum \$200.00)

\* Please note that the total value of donation in any one financial year to any one organisation may not exceed \$2,000. Latest Annual Financial Statements must be provided for all requests over \$1,000 or request cannot be considered.

Details of how Council's funds will be expended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any donations given to your organisation by Council, over the last three years:

AMOUNT	DATE	Purpose to which funds were put

Please list any donations given to your organisation by other organisations or agencies, over the last three years:

AMOUNT	DATE	Received from whom and purpose to which funds were put

Do you consent to Council evaluating how the funds were spent, if Council elects to do so? Yes / No

**3. Information Regarding the Organisation**

a) What services or activities does your organisation provide to Shellharbour residents?

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b) How will the donation you have requested benefit Shellharbour residents?

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PRINCIPAL OBJECTIVES: - describe in broad terms the principal objective of your organisation, as stated in your Constitution.

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The SHELLHARBOUR COMMUNITY STRATEGIC PLAN is available on Council's website and from Council's Administration Centre. Please explain with reference to Council's COMMUNITY STRATEGIC PLAN, how the activities of your organisation assist Council to achieve specific Objectives and Strategies within the COMMUNITY STRATEGIC PLAN.  
*\* Must be completed.*

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**4. Additional Information**

Any additional information which you consider necessary.

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**5. How will your organisation acknowledge the Council's donations?**

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**6. Declaration of Non-Profit / Registered Charity or Organisation**

I \_\_\_\_\_ declare the \_\_\_\_\_ is a non-profit  
(office bearer) (organisation)

organisation / registered charity for the purposes of the Australian Taxation Office.

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(witness)

\_\_\_\_\_  
(registration number)

President/Chairperson Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All applications to be submitted to:

The General Manager  
Shellharbour City Council  
Locked Bag 155  
Shellharbour City Centre 2529

or email: [council@shellharbour.nsw.gov.au](mailto:council@shellharbour.nsw.gov.au)