

Sanctuary Point & Districts Grant & Sponsorship Application

Form Preview

Eligibility

* indicates a required field

Before you begin

Please read the Funding Guidelines before starting your application. They explain who can apply, what we can fund and what you'll need to provide.

You can save your application and come back to it at any time. Before you start, it's helpful to have:

- your organisation's ABN and contact details
- your project dates and location
- the amount you're requesting
- a simple project budget
- your organisation's financial information
- any quotes or supporting documents required under the Funding Guidelines

Need help? If you're unsure whether you're eligible or what information to provide, please contact us. We're happy to help before you submit.

Further information, guidance and the partnership matrix can be located at <https://bayandbasincommunityfinancialservices.com/> (under Community >> Funding webpage).

Which type of funding are you applying for? *

- ☐ Grant
- ☐ Sponsorship

Confirmation of eligibility

I confirm that:

- I have read and understand the relevant Community Bank Sanctuary Point program guidelines.
- Our application meets the aims and requirements outlined in the Funding Guidelines.
- We are an eligible incorporated company, not-for-profit organisation, OR we are applying as a business for sponsorship.
- We can provide a valid ABN or have an eligible project partner that meets these requirements.
- We have/the organisation has a valid Australian bank account.
- The organisation is a current Bendigo Bank customer or willing to become one within the next 12 months.
- For sponsorships, I/we do not have any other sponsors who are financial institutions including mortgage brokers.
- We have the people, resources and experience needed to deliver this project.
- The grant/sponsorship will be delivered within and directly benefit the local Bay & Basin within the Shoalhaven Area including Sussex Inlet.

The project does not:

- Claim retrospective funding for costs already incurred.
- Attempt to change the law or direct political donations.
- Conflict with our organisation's values and objectives or operate purely for commercial gain (for grants).
- Involve gambling, break any laws or contribute to modern slavery.

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- Denigrate, exclude or offend any part of the community.
- Encourage violence or involve the use of weapons.
- Mistreat, exploit or harm animals.
- Create environmental hazards or present a danger to public health or safety.

I confirm that I have read the statements above and, to the best of my knowledge, our organisation and project meet these requirements. *

☐ Yes

☐ No

Based on your answers, you may not currently meet the eligibility requirements.

Please review the Funding Guidelines or contact us before continuing if you're unsure. We're happy to help you check your eligibility.

Information you'll need to attach to your application

- Before you begin, save any supporting documents to your desktop. You can find details about required documents in the grant guidelines on our program page.
- If you are not an eligible entity (see eligibility criteria above), you'll need to provide a letter of support and financials from a project partner with a valid ABN.
- Depending on the amount you're requesting, you may also need to demonstrate your ability to deliver the project on time and within budget by providing items such as:
 - project costings and quotes
 - financials for your organisation/project partner
 - copies of permits, insurances and project designs
 - letters of support from other not-for-profit organisations
 - a project plan (if applicable)

Contact details

* indicates a required field

Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

View our privacy statement [here](#).

Applicant details

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This should be the person who accepts the agreement and completes the acquittal. This may be you.

*

First Name

Last Name

Position

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Do you want to include a secondary contact on this application? *

☐ Yes

☐ No

Secondary contact details

*

First Name

Last Name

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Organisation details

Organisation name *

Organisation Name

Registered business name (if different to organisation name and Entity name [below])

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Organisation ABN (please enter the number, not text)

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.

INC number (optional)

Organisation address *

Address

Organisation Website

Must be a URL.

Approximately how many people benefit from your organisation each year? *

An estimate is fine.

How many volunteers contribute to your organisation? *

Is your organisation an eligible entity? *

☐ Yes ☐ No

An eligible entity is an organisation that meets the requirements in our Funding Guidelines. If your organisation is not eligible to apply directly, you may be able to apply with an eligible project partner. If you're unsure, please check the Funding Guidelines or contact us.

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Does your organisation bank with Community Bank Sanctuary Point & Districts? *

☐ Yes

☐ No

As a Community Bank, local banking helps us generate funds that can be invested back into our community.

Would your organisation be willing to move its banking relationship to Community Bank Sanctuary Point & Districts? *

☐ Yes

☐ No

Previous funding

Has your organisation received a grant or sponsorship from Community Bank Sanctuary Point & Districts in the last three years? *

☐ Yes

☐ No

Previous funding

Click "Add More" or "+" to add more rows.

Project or activity funded	Amount received	Approximate date
	Must be a dollar amount.	Approximate month/year Must be a date.
	\$	

Project partner details

About your project partner

Because your organisation isn't applying as an eligible entity, you'll need an eligible organisation with an ABN to act as your project partner.

Please provide their details below.

Partner name *

Organisation Name

Registered business name (if different to organisation name and Entity name [below])

Partner ABN (please enter the number, not text) *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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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.

Primary address *

Address

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Website

Must be a URL.

Please upload a letter from your project partner confirming that they support the application and explaining how they will help you deliver the project. *

Attach a file:

Letter will need to advise how project partner will contribute or add value, and support the applicant in the delivery of the project.

Project partner financial documentation *

Attach a file:

Please provide your project partner's financial statements and/or bank statements.

Project partner contact details

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We may contact this person for additional information about this application.

Name *

First Name

Last Name

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Project/sponsorship proposal

* indicates a required field

Name of project/sponsorship *

Tell us about your project. *

In a few sentences, tell us about what you're planning to do, where it will happen and who it will benefit.

What do you hope your project will achieve? *

Tell us why the project is needed and what you hope will be better or different for the community as a result.

Start date *

Must be a date.
(future dates only)

Expected end date *

Must be a date.
Please note an acquittal report will be required following this date.

Location *

Address

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Suburb/Town, State/Province, Postcode, and Country are required.

Outcome & beneficiaries

What is the primary area of focus for this project? *

No more than 1 choice may be selected.

Choose the main area your project relates to, such as arts, sport, health or education. Choose the one that best describes the project itself rather than the people who will benefit.

[More information available](#). Download the '**Subject classification**' spreadsheet.

Which of the following groups best describes your target audience/beneficiaries? *

- | | | |
|--|---|---|
| ☐ Young couples and singles | ☐ Direct business | ☐ Industry - rural |
| ☐ Established families | ☐ Small to medium businesses | ☐ Other |
| ☐ Empty nesters/retirees | | |

Outcomes are the changes you expect to occur for the key recipients of your project/audience. These should align with the outcomes of this program (see guidelines for details).

Alignment with our outcomes *

No more than 1 choice may be selected.

Which Community Bank outcome does your project best support?

Choose the one that most closely matches what your project is trying to achieve.

Who will benefit most from your project? *

Select up to five groups. Choose only the people who are a main focus of the project.

[More information available](#). Download the '**Population classification**' spreadsheet.

Approximately how many people will directly benefit? *

Approximately what percentage of people who will directly benefit from this project identify as Aboriginal and/or Torres Strait Islander? *

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Please enter your best estimate from 0-100%. If none of the people benefiting from the project identify as Aboriginal and/or Torres Strait Islander, enter 0.

How many organisations, including your own, will directly benefit from the project? *

Community support and capacity to deliver

Does your project have support from the local community or other organisations? *

*

☐ Yes

☐ No

Tell us how you know there is support for this project. *

This could include community feedback, participation numbers, previous events, partnerships, waiting lists or other evidence of community interest.

Letters of support

Attach a file:

If you have letters of support, please upload them here.

Tell us why your organisation is well placed to deliver this project. *

You might tell us about your volunteers or staff, relevant experience, facilities, equipment, partnerships or similar projects you've successfully delivered.

Budget & Financial Request

* indicates a required field

Total cost of the project *

Must be a dollar amount.

Enter the total cost of the whole project, not just the amount you're asking us to fund.

Amount you're requesting from Community Bank (ex GST) *

Must be a dollar amount.

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Does this grant require multiple payments (eg. across multiple events, years or months) *

☐ Yes

☐ No

Please list requested payment amounts and approximate dates for a multi payment application.

Payment date	Payment amount
Must be a date.	Must be a dollar amount.
	\$
	\$

What would happen if we could only fund part of the amount you're requesting? *

Tell us whether the project could still go ahead and what you would need to change.

Would you accept a lesser amount subject to you sourcing an additional funding partner? *

☐ Yes

☐ No

Detailed budget

List what you expect to spend the project money on.

Click the "Add More" button to add rows.

Expense description	\$ Expected cost
For example: equipment, materials, venue hire, promotion or wages.	Must be a dollar amount.
	\$

Income

List any other money contributing to the project, including your organisation's contribution and other grants or funding.

If other funding is still pending, select **No** under **Confirmed**.

Click the "Add More" button to add rows.

Income from:	Provider:	Brief description:	\$ Amount:	Confirmed
	e.g. council	e.g. grant	Must be a dollar amount.	
			\$	

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Please attach any documents supporting your confirmed income item/s as entered above.

Attach a file:

In-kind support

In-kind support is goods, services or volunteer time contributed to the project without being paid for from the project budget.

For volunteer time, calculate the value using an hourly rate multiplied by the number of hours. Example: \$45 per hour x 3 hours = \$135.

Type:	Provider:	Brief description:	\$ Value:
			Must be a dollar amount.
In-kind support			

Budget Check

Your budget should balance to \$0.

Example: If your project costs \$10,000 and you have \$4,000 from other sources, your Community Bank request would be \$6,000. In-kind support is not included in this cash budget calculation.

Total expenses

\$

This number/amount is calculated.

- Income

\$

This number/amount is calculated.

- Grant request

\$

This number/amount is calculated.

= Balance (must equal zero)

\$

This number/amount is calculated.

In-kind support is not included.

Compliance and supporting documentation

All required licences, permits and insurances will be in place *

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☐ Yes

☐ No

☐ Not applicable

If your staff/volunteers are working with children, have they obtained a Working with Children Check? *

☐ Yes

☐ No

☐ Not applicable

Please provide your organisation's financial statements (including profit and loss) and/or current bank statement. *

Attach a file:

Please upload your organisation's most recent financial statements, dated within the last 18 months. These should include a profit and loss statement and balance sheet. If you're unsure what to provide, please contact us.

Financial documentation *

Attach a file:

Other attachments

Ensure you check all uploads before submitting.

Project quotes (For items > \$5,000 or wages/position descriptions)

Attach a file:

Building plans/designs (if applicable)

Attach a file:

Promotional budget/visual materials (if applicable)

Attach a file:

Any additional attachments

Attach a file:

More than one file can be uploaded. (e.g. additional letters of support from key community stakeholders, flyers, plans, financial information, evidence of other funding, etc)

Promotional opportunities

* indicates a required field

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Can your organisation provide the level of partnership and recognition outlined in the Sponsorship Partnership Engagement Matrix? *

☐ Yes ☐ No

Please review the Matrix before answering. It explains the partnership opportunities expected for different levels of sponsorship.

How could you acknowledge and promote Community Bank's support? *

This could include event promotion, advertising, social media, newsletters, signage or media coverage.

How could Community Bank be involved in your project or event? *

For example: speaking opportunities, signage, an event presence or naming rights.

Would your organisation acknowledge Community Bank's support and help raise awareness of our involvement? *

☐ Yes ☐ No

Would your organisation be willing to share relevant Community Bank information with your email or member network? *

☐ Yes ☐ No

Does your organisation currently follow Community Bank Sanctuary Point & Districts on social media? *

☐ Yes ☐ No

Would your organisation be willing to include a Community Bank contact in relevant communications about the sponsored activity? *

☐ Yes ☐ No

Community Bank sponsorships are partnerships. The support and recognition provided by sponsored organisations helps us build awareness of the Community Bank model and continue investing in our local community.

For ongoing or repeat sponsorship requests, we'll consider how the partnership has worked for both the organisation and Community Bank Sanctuary Point & Districts.

Certification and feedback

* indicates a required field

This declaration must be completed by someone authorised to submit the application on behalf of your organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that, if this grant is approved,

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we will be required to accept the terms and conditions of the grant as outlined in the agreement.

Certification *

☐ I agree

Applicant feedback

You are nearing the end of the application process. Before you review your application and click the SUBMIT button, please take a few moments to provide some feedback.

How did you find the online application process? *

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Provide any suggestions for improvements/additions to the application process/form. *