

Community Group Sponsorship Application Form

SECTION 1 - APPLICA	NT'S DETAILS					
Name of Organisation Applicant's Name Applicant's Position						
Postal Address						
Email Address						
Telephone/Mobile						
ls your organisation regist	ered for GST?	Yes 1	10	ABN number		
Has the applicant receive	ed DCA sponsorsh	nip this finan	cial year?	Yes	No	
SECTION 2 - OBJECTI	VES					
Tell us about your commu and why, who your mem your objectives and activ	bers are and how	many you h	ave, wher			
SECTION 3 - EVENT//	ACTIVITY					
Please highlight how you answering the following o What is the activity or eve	r event/activity ar questions.					
what is the activity of eve	in you are planin	ing to orider	iake, ioi w	THEIT YOU GIE 36	seking foric	aling from DCA9
Who is your target audier	nce for this activity	y/event?				
How will your target audio	ence be positively	y impacted	by this activ	vity/event?		

SECTION 4 - FINANCIALS						
What is your expected total cost of the event/activity?						
How much money are you requesting from DCA specifically? (Amount is capped at \$(00 - higher amounts require DCA Committee Upproval.)						
How will the DCA donation you are requesting be spent, specifically, if approved? Please provide quotes if available.						
SECTION 5 - ACKNOWLEDGMENT OF FUNDING Do you require the DCA banner or flag for your event? Yes No						
If so, what date will you collect the item/s? Return date:						
Are there any other additional ways you will communicate DCA's support of your event?						
SECTION 6 - CONDITIONS OF SPONSORSHIP						
I agree that our community group, club or organisation may only be awarded DCA sponsorship once per financial year fli `m%tc '>i bY " \$t"						
I agree that cheques for approved sponsorship which are not collected after three fl Emonths from notification will be cancelled.						
I agree to provide DCA with an electronic report within 30 days of completion of the event/activity. (Report must be at least 100 words and include a minimum of %photo")						
I agree to provide the DCA with receipts within 30 days of the completion of the event, activity or project as part of the acquittal.						
I agree that funds unspent at the end of the event, activity or project must be returned to the DCA within 30 days of the completion of the event, activity or project.						
SECTION 7 - DECLARATION						
I hereby certify that I have been authorised by (organisation's name)						
Name of President Signature The information contained herein, is to the best of my knowledge, true and correct.						
Name of Applicant						

Phone 08 9183 1243
Email admin@dampier.org.au www.dampier.org.au

Signature

Date _