### Welcome to the Community Sponsorships form

#### **Community Sponsorships**

Sponsorship is when a company gives you support (cash or in-kind) in return for recognition. It is not a gift – sponsors always want something back and they want to be able to measure it.

The purpose of the council providing groups/organisations with a **Community Sponsorship** is to:

- Support groups/organisations that help address issues and opportunities important to the community.
- Foster strong engagement opportunities which enable the council to connect with its community in a meaningful and relevant way.

Applications for Community Sponsorships can be up to \$3000 per annum.

The council will pursue community sponsorship opportunities that:

- Enhance the profile and appeal of the Northern Grampians Shire (NGS).
- Align with the objectives of the Council Plan and/or objectives of relevant strategy and policy documents.
- Deliver one of the following outcomes.

Provide opportunities to drive social, environmental, cultural and economic outcomes in the NGSC.

Provide potential to generate revenue through attracting visitors/participants outside of the Northern Grampians municipality.

You can access more information about the grant here

## Ways in which you can recognise Northern Grampians Shire Council for their Sponsorship include:

- brand awareness for NGSC through Discover Northern Grampians collateral
- providing free tickets or experiences for the Councilors and/or staff
- providing access to social media channels or databases
- networking opportunities
- invitations to opening nights/celebrations.

Please allow forty minutes to complete your application. You may also need some extra time to collect supporting documentation and information.

If at any stage you come across a question you cannot answer, please use the save button at the bottom of this form to save your application so you can return later when you have the appropriate information.

We wish you all the best with your application.

### Eligibility

Form Preview

#### \* indicates a required field

Applicants: please note

Before completing this application form, you should have:

- read the program guidelines:
- contacted the Community Development officer at community@ngshire.vic.gov.au or 03 5358 0512.

If you do contact us throughout the application process, please quote the application number below.

Application Number				
This field is read only.				

### Eligibility checklist

#### Before proceeding, please confirm the following:

- 1.you have read and understood the program guidelines
- 2.you can explain how the request will benefit your community group or the broader community
- 3.your organisation is a not-for-profit organisation
- 4.your organisation is incorporated or is auspiced by an incorporated organisation for this application
- 5.your group/organisation is located in the Northern Grampians Shire.
- 6.your organisation does not owe any reports or money to Northern Grampians Shire Council.
- 7.your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- 8.your activity/initiative cannot be funded by other funding sources eg Government Departmentsyour request is not to fund:
  - wages
    - the purchase of gift and prizes (educational awards are excluded)
    - the reimbursement of council fees and charges consultancies
    - unconditional gifts, donations, bequests, or endowments
    - political sponsorships, donations, or merchandising
    - events or programs that denigrate, exclude, or offend minority groups
    - create environmental concerns
    - may present a hazard to the community.

You must confirm	that all s	statements	above	are true	and	correct.	*
□ Yes							

Form Preview

#### Contact Person Details

### **Privacy Notice**

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>. To view our privacy statement, go to <u>Privacy Policy (ngshire.vic.gov.au)</u>.

# Contact details Name Title First Name Last Name **Applicant Position Phone Number** Must be an Australian phone number. **Email** Must be an email address. Organisation Details \* indicates a required field **Organisation Name** Organisation Name What type of not-for-profit group/organisation are you? \* Educational institution (includes pre-schools, schools, universities & higher education

- Educational institution (includes pre-schools, schools, universities & higher education providers)
- Religious or faith-based institution
- O Philanthropic organisation
- Peak body
- Social enterprise
- Healthcare not-for-profit
- Community group
- O General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

<ul> <li>What is your organisation's legal structu</li> <li>Unincorporated association</li> <li>Incorporated association</li> <li>Cooperative</li> <li>Company limited by guarantee</li> <li>Indigenous corporation, association or coordinates</li> </ul>		
<ul> <li>Organisation established through specific</li> <li>Unknown</li> <li>If your organisation is unincorporated, it must have</li> </ul>	-	١
Does your organisation have an ABN? *		
○ Yes	○ No	
Applicant ABN *		
The ABN provided will be used to look up the check that you have entered the ABN correct		Click Lookup above to
Information from the Australian Business Register	•	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type More informa	<u>ation</u>	
ACNC Registration		
Tax Concessions		
Main business location		
As you do not have an ABN, please submit a with your application, otherwise 48.5% of any the form from the ATO website.		
Please upload completed Statement of S Attach a file:	Supplier Form. *	
Max 25mb per file uploaded		
What is your incorporation number? *		
Incorporated Association or Australian Company N	umber	

Form Preview

## **Auspice Information**

* indicates a required field
Is your organisation auspiced by another organisation for the purpose of this grant? *  O Yes  O No  Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.
Auspice Organisation Details
Auspice organisation name * Organisation Name
Please use the organisation's full name. Make sure you provide the same name that is listed in officia documentation such as that with the ABR, ACNC or ATO.
Auspice primary address Address
Miles Street  Mictoria
Auspice postal address Address

Auspice primary phone number \*

Must be an Australian phone number.

Auspice e	mail address *			
Must be an e	email address.			
Auspice w	ebsite			
Must be a UI	RL.			
	ontact person a	at auspice organ Last Name	nisation *	
We may con	tact this person to	verify that the aus	oice arrangement is valid	and current.
Position h	eld in organisa	tion *		
e.g., Manage	er, Board Member	or Fundraising Coor	dinator.	
Auspice p	rimary contact	primary phone	number *	
Must be an A	Australian phone n	umber.		
Auspice p	rimary contact	office phone nu	ımber	
NA to la	Acceptant Parameter and a second			
Must be an F	Australian phone n	umber.		
Auspice p	rimary contact	email address *	<b>k</b>	
Must be an e	email address			
Please att	ach a letter fro	om the ausnice (	organisation confirm	ing that the auspice
	ent is valid and	_	organisation commi	ing that the auspice
Account a mo	<b>.</b>			
	ust be signed by a ne, position, signat		n (e.g., Manager, CEO or E	Board Chair) and must
	auspice organi	sation have an A		
○ Yes			○ No	
Auspice A	BN *			
-				
		sed to look up the d the ABN correct	following information. ly.	Click Lookup above to
Information	from the Australia	n Business Register	·	
ABN				

### Form Preview

Entity name									
ABN status									
Entity type	Entity type								
Goods & Services Tax (GST)									
DGR Endorsed									
ATO Charity Type	More information								
ACNC Registration									
Tax Concessions									
Main business location									
Must be an ABN.									
Statement by a Supplier Form	As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.								
Please upload completed 9 Attach a file:	Statement of Supplier Fo	rm: *							
Max 25mb per file uploaded									
Request details									
•									
Request description									
<ul> <li>□ on-going costs towards as initiative</li> <li>□ in-kind support to assist y</li> <li>□ in-kind support to assist y</li> <li>□ an existing event that has offers</li> </ul>	our group/organisation to russisting your group/organisation to rustour group/organisation group/organisation to rustour group/organisation	tion to run an existing program/							

 $\square$  operational costs

☐ Other:

□ promotion and marketing
 □ ground maintenance
 □ equipment/materials
 □ consultants
 □ traffic management

What will the funding or in-kind support contribute towards?

Please provide a shor towards.	t description	of what the s	sponsorship v	will contribute
Sponsorship recog	nition			
How do you plan to re Discover Northern Good naming rights for a re NGSC logo on infrast provision of free tick provide access to soo invitations to networ invitations to opening Other:  Please provide a summer recognise Northern G	rampians bran- ace/event/acti- ructure, equip ets for Council- cial media cha king opportuni g nights/celebr	d awareness. vity ment or key pro ors/staff nnels or data be ities rations  on your answe	omotions. ases. er above on h	now you plan to
Benefits				
Who are the primary	peneficiaries	of this projec	t/program?	
Please choose the target acculturally diverse.	udience for the s	sponsorship. For e	example; young	people, elderly, fami
Please provide an est many people will see				
Must be a number.				
What are the benefits Sponoship?	for Northern	n Grampians S	hire Council	in providing the
For example the exposure attitudes or maximize positions are stated at the control of the contro			e council, assist	in shaping communit

Evidence of benifits

	vide at the completion of the sponsorship to suppleen a good investment for the council.
You may include information such a number of attendees (loca number of social media pose number of adverts and when where council products and number of media releases user/visitor feedback	al and visitors) sts
Request	
Funding Amount	
Sponsorship Value Dollar (\$)	)
Must be a number.	
Sponsorship Value In-kind  Must be a number.	
Total Sponsorship Value (do	ollar and in-kind)
Must be a dollar amount. What is the total financial support y	you are requesting in this application?
Certification and Feedb	back
* indicates a required field	
Certification	
	d by an appropriately authorised person on behalf of y be different to the contact person listed earlier in this
application are true and corrorganisation is approved for	my knowledge the statements made within this rect, and I understand that if the applicant r this grant, we will be required to accept the ter as outlined in the letter of approval.
l agree *	□ Yes

Name of authorised person *	Title	First Name	Last Name	
	Must be a sauthorised	senior staff member, volunteer	trustee or appropr	iately
Position *				
	Position he	ld in applicant orgar	nisation (e.g. CEO, 1	reasurer)
Contact phone number *				
	We may co	Australian phone nuntact you to verify the licant organisation		is authorised
Contact Email *				
	Must be an	email address.		
Date *				
	Must be a	date		