



COMMUNITY SUPPORT APPLICATION

Round1 FY23

Organisation Details

Organisation Name:

Address:

Suburb: State:

Contact person for your Organisation

Contact Name:

Position:

Phone Number:

Email:

Is your Organisation registered for GST?

YES NO

Is your Organisation incorporated?

YES NO

If yes, what is your Organisation ABN?

ABN:

Eligibility

Not for profit, sporting, recreation and Community organisation are eligible to be considered by GFG Alliance Support Committee.

Individuals, sole traders and companies are NOT eligible to apply for funding.

Previous Funding

Have you previously received any financial support from GFG Alliance's Community Support Program?

YES NO

If yes, when did you receive this support?

Have you provided an acquittal report in relation to this support?

YES NO

Funding Categories

Which category does your project / event align with?

Community Groups & Events Youth – Arts

Disadvantaged Youth - Development

Indigenous Youth - Education

Youth - Sport

Project / Event Details

What is the name of your project / event?

How will the community benefit from our support of the project / event?

Project / Event Details [continued]

How many people will benefit from your project / event?

What is your project / event about? (1500 word max)

Where will the project / event take place?

When will the project / event happen (date)?

(Please note GFG Alliance is unable to provide retrospective funding)

What specific component(s) of your project / event are you looking for GFG Alliance to fund?



COMMUNITY SUPPORT APPLICATION

Budget Details

Income:

Please enter all sources of income the project / event including:

- Amount of money your Organisation or Group is contributing towards the project / event (eg. fundraising etc)
- Amount of money your Organisation or Group has secured from others (please provide their details; and
- Amount of money your Organisation or Group is seeking from GFG Alliance.

Income	\$ GST exc.
Breakdown your organisation's contribution and funding secured from others.	
Total Income	\$

Expenses:

Expenses	\$ GST exc.
Breakdown of Expenses	
Total Expenses	\$

Funding Request from GFG Alliance

Total amount of funding requested from GFG Alliance Support Program	\$
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Partnering with GFG Alliance

Acknowledgement:

For acknowledgement of GFG Alliance, please identify at least two (2) of the following options:

<input type="checkbox"/>	GFG logo displayed on your website with associated material related to the project / event
<input type="checkbox"/>	GFG logo displayed on plaques, signage, uniforms (where sports uniforms have been paid by GFG)
<input type="checkbox"/>	Representative(s) from GFG being invited to any presentations, events associated with the purpose of the funding
<input type="checkbox"/>	Verbal recognition of GFG's sponsorship at events associated with the purpose of the funding
<input type="checkbox"/>	Opportunity for GFG to speak at events associated with the purpose of the funding
<input type="checkbox"/>	Recognition of GFG's sponsorship in any media releases, annual reports, reports to members, newsletters, etc in promotional articles relating to the purpose of the funding
<input type="checkbox"/>	Acknowledgement of GFG as a sponsor in any paid advertising and promotional items relating to the purpose of the funding
<input type="checkbox"/>	Placing GFG's banners/signage etc at events associated with the purpose of the funding
<input type="checkbox"/>	Other, please specify:

Please note, if your application for funding is likely to be supported GFG must discuss with you other ways that it could be acknowledge through partnering with your organisation / event as well as any areas which you may have indicated above. Options above should be undertaken as described within GFG's Branding Guidelines, which are provided upon success of your application.

Declaration

I acknowledge all the information provided on this application form is true and correct.

I agree that photos provided by my organisation are approved for use by GFG.

I agree that I am authorised to apply on behalf of this organisation.

Name: _____

Date: _____



COMMUNITY SUPPORT APPLICATION

Banking Confirmation Details

(To ensure we have the correct details for successful applicants, please complete with each application)

Organisation Details

Organisation Name:

Address:

Suburb:

State:

Contact person for your Organisation

Contact Name:

Position:

Phone Number:

Email:

Bank/Credit Union

BSB

Account Number

Account Name

What is your Organisations ABN?

ABN: