Application for Donation



Request for the Financial Year
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 attached your financial statements.
2. Financial Assistance Amount Requested: \$ (minimum \$50.00) *If over \$1000.00 Financial Statement must be provided or the request will not be considered. Details of how funds will be expended:
Donations given to your Organisation by Council over the last three years: Amount: \$ Date: Purpose to which funds put:
Do you consent to Council evaluating how the funds were spent, if Council elects to do so? Yes/No

Date:	
President/Chairperson Signature	:
(Registration number)	
(Signed)	(Witness)
(office bearer) profit organisation/registered ch Taxation Office.	(Organisation) narity for the purposes of the Australian
I declare the _	/Registered Charity or Organisation is a non-
5. How will your organisation donations?	on acknowledge the Council's
4. Additional Information Any additional information which	h you consider necessary.
d) How many members does yo	ur organisation have?
c) Principle Objectives – describ your organisation, as stated in y	e in broad terms the principle objectives of vour Constitution.
b) How will the donation you ha	ve requested benefit Bogan residents?
3. Information Regarding that a) What services or activities do Residents?	ne Organisation les your organisation provide to Bogan Shire