

Application For Grant

Application

1. Details of Organisation or Group Applying for Grant

a) Name of Organisation/Group:

b) Main Contact Person:

Name

Position

Postal Address

Phone

Email

Fax

Mobile

c) Is the Organisation/Group registered for GST YES / NO

If YES please provide ABN: _____

d) Describe the Organisation/Group and its major activities

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2. Purpose of Grant

a) Please provide details of the purpose for which funding is being requested,.

b) Please provide details of any specific benefits to be derived by the local Community.

3. Has your Organisation/Group requested funds (or intend to request funds) for the nominated purpose from any other Organisation or Government Department?

YES / NO

If YES, please provide details of the other Organisation

4. Is your organisation currently a customer of Bendigo Community Bank®?

YES / NO

If YES, and your application is successful, we will require your Bank Account details

If NO, would your organisation consider changing your accounts to the **Bendigo Community Bank®**?

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5. Support for Bendigo Community Bank® and its concepts:

The Bendigo Bank is committed to sharing its profit with the local communities, especially those that support their local Bendigo Community Bank®. This means that the more banking business that can be directed to the local Bendigo Community Bank®, the more funds will be available to inject back into the local community, and as a result, more organisations like yours will benefit.

Can you demonstrate your commitment to this concept, i.e. use your local Bendigo Community Bank® to service your banking needs, and encourage your members to do likewise?

a) Please provide details of your organisation, (e.g. number of members, etc.)

b) Please provide details of how you normally communicate with your members especially in regard to the **Bendigo Community Bank®**, or how you propose to market and advertise the **Bendigo Community Bank®** to your members (e.g. Regular newsletters, meetings, etc.)

6. Have you previously received Sponsorship/Grant/Funding from Bendigo Community Bank®?

YES / NO

If YES, how were these funds used?

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7. Are there any other comments you would like to make to support your application?

8. Should your Organisation/Group be successful in your application, please nominate a person who will be available to attend the **Bendigo Community Bank®** Annual Sponsorship presentation to receive the sponsorship.

Name

Position

Postal Address

Phone

Email

Fax

Mobile

NOTE:

- All application forms should be completed and signed by an authorised member of your organisation and given directly to the Bank.
- Any additional information/documentation that can be provided in support of the application should accompany this application form.
- If your organisation is successful in your application, we will require evidence showing how the funds have been spent.
- Total value of project (attach quotes if applicable)
- Amount sought from Bendigo Community Bank to assist with this project

CONTACT DETAILS:

Branch Manager: Keith Robinson

Branch address: Shop no 1/200 Kerry St, Sanctuary Point

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Bendigo Community Bank®
Shop No 1/200 Kerry Street Sanctuary Point

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