

Business Partnership Program

Application

1. Details of Organisation

Organisation: _____

Postal Address: _____

Is the Organisation non-profit? Yes No

Incorporated: Yes No

Is your Organisation registered for GST? Yes No

If yes, ABN number: _____

Does your Organisation have Public Liability Insurance? Yes No

If yes, Name of the Company: _____

Policy Number: _____ Amount of Cover: _____

Does your Organisation make donations to charities? Yes No

Details: _____

Contact Person: _____ Phone Number: _____

Contact Person Email: _____

Signature of Principal Office bearer: _____

Business Partnership Program Funding Stream: _____

Amount being sought: \$ _____

Co-contribution towards project: \$ _____

Other contributions: \$ _____

Total cost of the project: \$ _____

Has Shoalhaven City Council previously fund assisted your Organisation? Yes No

If yes, what was the amount from Council?

\$ _____

Year: _____

\$ _____

Year: _____

\$ _____

Year: _____

Have you applied for grant funding from other sources? Yes No If yes, from whom & how much?

Source

Amount \$

\$ _____

\$ _____

\$ _____

Will this project need ongoing support funding? Yes No

Please detail how you will acknowledge Council's support for this project and how Council's support will be acknowledged on all publicity for this project.

Do you agree to share all relevant marketing collateral with Council, to assist in promotion? Yes No

2. The Project

Title: _____

Description of the project.

Describe how this project will meet objectives of the program.

Describe how the project fits within the relevant stream.

Provide any known dates and location of the project, where relevant.

Describe any target industries/groups.

Describe the value for attendees and expected outcomes.

3. Project Budget Information

Expenditure

Itemised expenses including (where relevant), but not limited to:

- Facilitators/keynote speakers/moderators
- Venue/equipment hire
- Catering
- Transportation for participants
- Resource development
- Marketing

Item	Amount
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
Detail: _____	\$ _____
TOTAL EXPENDITURE	\$ _____

Income

	Amount
1. Amount being sought	\$ _____
2. Co-contribution	\$ _____
3. Other Contributions:	\$ _____
4. Other Income:	\$ _____
TOTAL INCOME	\$ _____

Expenditure should equal income

