Shoalhaven City Council

Address all correspondence to:
The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia

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

Declaration

This declaration must be completed by an authorised representative. The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Organisation.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I give consent to Shoalhaven City Council to make public the details of the project and the funding received, should this Application be successful.

Name _____

Position _____

Signature _____

Date _____/_____/_____

Privacy & Public Access to Information

Information supplied on this form will be managed in accordance with Council's Privacy Management Plan, Public Access to Council Information Policy and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the Government Information (Public Access) Act 2009 (GIPA Act) unless there is an overriding public interest against disclosure of this information. Further information on privacy and public access to information can be found on Council's website.

The supply of personal information by you is voluntary. However, if you cannot provide or do not wish to provide the information required, Council will be unable to process your application. You may make application for access to, or amendment of, information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the relevant legislation. Enquiries concerning this matter can be addressed to Council by telephoning 1300 293 111.

Lodgment Details

You can lodge the completed return by:

Email: business@shoalhaven.nsw.gov.au or

In person: 36 Bridge Rd, Nowra NSW 2541

Once your application is received, a Council Officer will contact you if further information is required.