

BRUNSWICK AGRICULTURAL SOCIETY INC.

DONATION APPLICATION FORM

PART 1: ELIGIBILITY CRITERIA

To be eligible for funding, your organisation must be able to answer ‘yes’ the following eligibility criteria:

1. Is your non-profit organisation serving and supporting the needs of the local community within the South West of Western Australia? _____ (*Yes or No*)
2. Is your organisation financially stable i.e., has no deficits or large debts? _____ (*Yes or No*)
3. Has your organisation been in operation for a minimum of one year? _____ (*Yes or No*)
4. Does your organisation have an identifiable project that has clearly defined objectives and measurable outcomes? _____ (*Yes or No*)

PART 2: CONTACT DETAILS & CERTIFICATION

Organisation Name:	
Postal Address:	
Application Contact:	
Job Title / Role:	
Contact Phone Number:	
Contact Email Address:	
Website Address: (If Applicable)	

Certification (Two authorised members of the organisation must sign this application.)

We certify that to the best of our knowledge all the information contained in this application is true and accurate. We will notify the Brunswick Agricultural Society Inc (BAS) of any changes to this information and any circumstances that may affect this application.

We understand that committee’s decision is final and that a written Acquittal Report is required by the Brunswick Agricultural Society Inc at the completion of the project.

We are aware that funds will be distributed to successful applicants on or before Brunswick Show Day.

We are authorised to sign legal documents on behalf of our organisation. To the best of our knowledge, there is no conflict of interest represented by this application and we will notify the Brunswick Agricultural Society Inc should a conflict of interest arise.

Name (please print)	Name (please print)
Position	Position
Signature	Signature
Date	Date

PART 3: ABOUT YOUR ORGANISATION & REFEREE

3.1 Type of organisation:

Incorporated association Unincorporated Other (please specify) _____

Australian Business Number (ABN) If Applicable: _____

3.2 Please tell us **about your organisation** and its **main purpose**. Please limit your response to three to four sentences.

3.3 Referee - Please provide details of a referee for your organisation.

Title: First name: Last name:
Name of referee's organisation / workplace:
Position:
Postal address:
Telephone: Mobile:
Email:

PART 4. ABOUT YOUR PROJECT - DESCRIPTION OF FUND UTILISATION

4.1. Project name We will use this name on all correspondence. Please use 10 words or less.

4.2. Who and approximately how many people will benefit from your project? If your project has a wider benefit (e.g. other groups, statewide) please provide detail here.

4.3. What are you going to do? Please describe the project in three to four sentences. We will use this in reports and other publications.

4.4. Where will your project happen? Please provide the address of where most of your planned activity will take place.

Address:
Town / suburb: Postcode:

4.5. When will your project take place?

Anticipated project start date: / / Anticipated project completion date: / /

4.6. Itemised Budget: (Attach additional page only if necessary)

Number	Description	Total cost of item
		\$
		\$
		\$
		\$
TOTAL amount requested for this project: \$		

4.7 What is your organisation's contribution to the project – financial and/or other?

4.8 Are there any previous, current, and potential funding sources for the proposed project?

4.9 Approximate annual operating budget for your organisation:

Less than \$20,000 <input type="checkbox"/>	\$20,001 to \$100,000 <input type="checkbox"/>	Over \$100,000 <input type="checkbox"/>
Number of paid staff:	Number of existing volunteer staff:	

PART 5: PROJECT DETAILS THAT ADDRESS THE SELECTION CRITERIA
Important - ALL questions in Part 5 must be answered: please limit to 3-5 sentences.

* **Why do you want to do this project?** Describe why there is a need for this project in your area.

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* **How will you carry out the project?** Describe how your project will be actioned.

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* **Who will be involved in the project?** Include details of any community partnerships or stakeholder support for your project.

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* **What will the project achieve?** Describe the specific outcomes you hope your project will achieve.

PART 6: COMMITMENT SOUGHT FROM YOUR ORGANISATION

6.1 Please indicate if your organisation could assist with the following tasks prior to, at the Show, or the day after the Brunswick Show.

TASKS	ABLE TO ASSIST Yes or No?
a) Assist the BAS the week leading up to the Brunswick Show (stewarding in the Pavilion, setting up the Show Grounds).	
b) Assist the BAS on Brunswick Show Day (parking attendants, stewards etc).	
c) Assist the BAS the day after the Show (general cleaning, packing away trestles, chairs etc.).	

6.2 Please outline further areas where you believe your organisation could contribute to the success of the Brunswick Show.

PART 7: ACKNOWLEDGEMENT AND ONGOING PROMOTION

- Upon receipt of funds the Brunswick Agricultural Society Inc is to be acknowledged as a sponsor of your organisation in your newsletters, media, advertising material etc.

PART 8: ACQUITTAL OF FUNDS

The organisation must provide a simple one page summary of the project outcomes, a photograph of an activity or event and a statement about how the funds were used.

PART 9: SUBMISSION OF APPLICATION

- Please provide **three (3)** copies of your application before 31 August.
- Staple pages together in the top left hand corner - please do not spiral bind or provide a plastic or cardboard cover. Do not submit pages in plastic sleeves.

You are advised to request a receipt when you post your application. Applications will be acknowledged within a week of receipt. If you do not receive acknowledgement within this time frame, please email admin@brunswickshow.com.au

Post to:

**The Secretary
 Brunswick Agricultural Society Inc.
 PO Box 70
 BRUNSWICK JCN WA 6224 - APPLICATIONS CLOSE 31 AUGUST**

ACKNOWLEDGEMENT SLIP: Please complete

Attention _____ Organisation _____
(Name of your organisation's contact person)

Postal Address _____

Your application for a donation from the Brunswick Agricultural Society Inc was received on

Name _____

Signature _____

*The Secretary
Brunswick Agricultural Society Inc
PO Box 70
BRUNSWICK WA 6224*

Date: _____