

Sponsorship (Individual) Application Form 2024-2025

Form Preview

ELIGIBILITY

* indicates a required field

Important Information

Before applying, please:

- Read the [Sponsorship \(Individual\) Guidelines](#) and [Policy](#);
- Preview the Application Form, so you can gather all information needed;
- Contact the Community Grants area on **(08) 9411 3444** during business hours or email **communitygrants@cockburn.wa.gov.au** to determine your eligibility, ensure you are applying under the correct category, and to answer any questions.

Incomplete applications will not be considered.

The following questions MUST be completed by the Applicant. This page of the form is designed to help you, and us, understand if you are eligible for Sponsorship. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for unsuitable funding.

Community Grants Coordinator Contact

Did you contact a City of Cockburn Community Grants Coordinator to discuss your potential application? *

☐ Yes ☐ No

Name of Community Grants Coordinator *

Date of contact *

Must be a date.

Method of contact *

☐ Phone ☐ Email ☐ In person ☐ Other:

Eligibility Questions

Are you a resident of the City of Cockburn? *

☐ Yes ☐ No

If No, not eligible to apply.

Is this application for a significant event or activity for which you have been selected, as a State or National representative, on the basis of your individual

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endeavours in the field OR for a significant activity that benefits the community for which you have been selected on the basis of your endeavours? *

☐ Yes

☐ No

If No, not eligible to apply. Please note that supporting documentation from the relevant governing association must be supplied with this application.

Is the event or activity for which you are seeking funding to be held in more than two months' time? (from the date of this application) *

☐ Yes

☐ No

If No, not eligible to apply.

If the applicant is aged 21 or under, have you checked that you are not eligible for funding through the City's Junior Sports Travel Assistance Program or aged 18 or under for the Youth Art Scholarship Program? *

☐ Yes

☐ No

☐ N/A (over 21 years old)

If No, please check [Junior Sport Travel Assistance Program](#) or Youth Art Scholarship Program for eligibility before proceeding with this application.

If you answered NO to any of the above Eligibility Questions, you may not be eligible for funding and should contact the Community Grants area on (08) 9411 3444 before proceeding with this application.

Previous Funding

Have you previously received funding from the City of Cockburn? *

☐ Yes, this financial year

☐ Yes, in previous years

☐ No

If you have received funding in this financial year, contact the Community Grants area on (08) 9411 3444 to confirm your eligibility before proceeding with this application.

What type of funding did you receive?

☐ Sponsorship (Individual)

☐ Youth Art Scholarship

☐ Junior Sport Travel Assistance

☐ Other:

Please provide details of your most recent successful application *

Please include approximate date, category of funding, activity or event, and amount.

Do you have any outstanding City of Cockburn acquittal reports? *

☐ Yes

☐ No

☐ Not applicable

Applicants that have been successful in previous years are eligible to apply provided that all previous funding has been satisfactorily acquitted. Acquitting a sponsorship or grant means you have provided a detailed report on how the funding was used and provided evidence of the outcomes of the funded activity or event. You are not eligible to apply for Sponsorship if you have acquittals outstanding for previous funding from the City of Cockburn.

APPLICANT DETAILS

* indicates a required field

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Applicant Contact Details

Applicant Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Residential Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Applicant Postal Address (if different from residential address) *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Applicant Email *

Must be an email address.

Applicant Phone Number (Business Hours) *

Must be an Australian phone number.

Applicant Mobile Phone Number

Must be an Australian phone number.

Is the Applicant over 18 years of age? *

☐ Yes ☐ No

Name of Contact Person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

If applicant is under the age of 18

Relationship to Applicant *

Contact Person Phone Number (Business Hours) *

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Must be an Australian phone number.

Contact Person Email *

Must be an email address.

SPONSORSHIP PROPOSAL DETAILS

* indicates a required field

Title and Description

What is the name of the Activity or Event or Sponsorship Proposal for which you are seeking funding? *

Please provide a brief description of the Activity or Event or Proposal, including the aims and expected outcomes *

How will your Activity or Event benefit the local community and/or the City of Cockburn generally? *

For example, promote participation in particular recreational pursuits.

Timing and Location

What is the proposed sponsorship, activity or event start date? *

Applications must be submitted at least two months prior to this date.

What is the proposed sponsorship, activity or event finish date? *

Is your proposal a one-off activity or event or is it likely to be ongoing or organised annually? *

☐ One-off

☐ Ongoing/Annual

☐ Other:

Please note: The successful request for sponsorship in any year does not imply any ongoing commitment of the same or similar contribution in following years. Requests for sponsorship in following years are dependent upon the satisfactory acquittal of all previous funding.

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Where will the activity or event take place? *

Evidence of Selection and Support

Please provide the name of the organisation that you are representing or that selected you for this activity or event *

Please upload a copy of the official notification of your selection from the organisation named above *

Attach a file:

Name of Organisation Contact Person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position in Organisation *

Organisation Contact Person Phone Number (Business Hours) *

Must be an Australian phone number.

Organisation Contact Person Email *

Must be an email address.

Who in the Cockburn community supports you and how? *

Please upload letters of support

Attach a file:

Letters of support will strongly assist your application. These can be provided by organisations or individuals who support your endeavours, and should describe the positive impacts of your activity and why they endorse your participation in the activity or event.

Promotion and Acknowledgement

What sponsorship benefits are you able to offer the City of Cockburn? *

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For example, public engagement and promotion, media opportunities, branding benefits, logo inclusion, marketing materials, social media

How would you promote and publicise the City of Cockburn's sponsorship support? *

Describe the ways support received will be acknowledged.

BUDGET AND FINANCIAL DETAILS

* indicates a required field

Sponsorship Request

What is the total cost of your activity, event or proposal? *

\$

The total cost includes all the expenses associated with your activity or event including what you are paying for and what you are fundraising for.

What is the sponsorship amount you are requesting from the City of Cockburn? *

\$

What is the total financial support you are requesting from the City of Cockburn in this application? Max. \$1,000 with lesser amounts encouraged.

Please note:

Requests for Sponsorship for Individuals are to a **maximum of \$1,000**, however the maximum amount is **rarely awarded**. Sponsorships are highly competitive and generally approved for a lesser amount.

Applicants who are able to contribute toward the activity or event in cash or in-kind, or from other sources will be considered favourably.

Sponsorship Budget Information

Please fill in the following tables.

Please note:

1. Income must include all funding or financial contributions received or pledged.
2. Income and Expenses can include in-kind contributions. These are donations of goods/ materials and services that have a value; these may include materials donated and volunteer staff time. Please calculate volunteer labour at \$25/hour.
3. DO NOT add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.
4. All figures are GST exclusive.

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Income Budget

Please provide details of funding contributions you have sourced for the activity or event, including other sponsors, grants, donations, fundraising and any personal contributions.

Please include the total number of sponsors and each sponsor's contribution value (financial, in-kind or both). Please tell us if these have been confirmed or not.

Please also include the amount requested from the City of Cockburn.

You are required to provide evidence of confirmed funding contributions.

Contributions from other sources (description)	Confirmed?	Amount/Value (\$)
Amount Requested from City of Cockburn		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		a whole dollar amount (no cents)

Expenses Budget

Please provide details of the total cost breakdown of all the expenses for the activity or event, including what you are paying for and what you are fundraising for.

You are required to provide evidence (quotes) to support your cost breakdown.

Expense items (description)	Confirmed?	Amount/Value (\$)
		\$
		\$
		\$
		\$
		\$
		\$
		Must be a whole dollar amount (no cents).

Budget Totals

Total Income Amount

\$

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This number/amount is calculated.

Total Expenses Amount

\$

This number/amount is calculated.

Is the Total Income Amount equal to the Total Expenses Amount? *

☐ Yes ☐ No

If No, please review your budget tables before submitting.

Expenses

Did you have any expenses listed in your budget that cost over \$500? *

☐ YES ☐ NO

For any expenses over \$500 you will be directed to attach quotes or evidence for each item

Please upload quotes or evidence for all expense (cost) items over \$500

Attach a file:

Attachments

If applicable, please upload proof of other financial contributions (e.g. letters of offer or confirmation from other funding contributors)

Attach a file:

Recommended no more than 5mb per attachment.

Bank Account Details

If your application is successful, funds will be provided via electronic funds transfer (EFT), and we will require the following information.

Name of bank or financial institution *

Branch location *

Account name *

Branch code/BSB number *

Account number *

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CERTIFICATION AND SUBMISSION

* indicates a required field

Declaration

- I declare that all of the information supplied in this application and attachments is true and correct.
- I will notify the City of Cockburn of any changes to the information supplied or to circumstances arising that are relevant to this application.
- I understand that this is an application only and may not necessarily result in funding approval.
- I give permission for the City of Cockburn to contact any person or organisation relevant to the assessment of the application and understand that information may be provided to other agencies, as appropriate.
- I understand that the decision made by the City of Cockburn is final and not subject to an appeals process.

I understand that if the City of Cockburn approves funding:

- I will be bound by the contents of this application to carry out the activities described in this application, which will form part of the contractual agreement with the City.
- I will be required to accept the conditions of funding in accordance with City requirements.

If successful:

- The City does not accept any liability or responsibility for the activity or event.
- I will ensure that acquittal requirements are met within 30 days of the nominated activity or event completion date.

Please fill in your details below as your endorsement of this application and the statements above.

I have read and agree to the above declaration statements *

☐ Yes

Applicant Name (or Contact Person if Applicant is 18 or under) *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Must be a date.

Privacy Notice

The City of Cockburn will use any information provided for the purpose of processing your application and for remaining in contact with you.

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Please note the information provided in your application and any related documentation/discussions may be provided to members of the assessment panel in order to assist the City of Cockburn in processing your application.

By submitting an application you consent to the City of Cockburn publishing the applicant's name, project description and amount funded in promotional material used for promoting the Cockburn Community Fund.

The City of Cockburn values the privacy of its customers and stakeholders. Please [click here](#) for further information on our privacy statement.

Feedback

You are now coming to the end of the application process. Before you **REVIEW** and click the **SUBMIT** button please take a minute to provide some feedback. This will help us to continually improve the funding application process for our customers.

Please indicate how you found the online application process

☐ Very easy ☐ Easy ☐ Neither ☐ Difficult ☐ Very difficult

How many minutes did it take you to complete this application?

Please estimate in minutes e.g. 1 hour = 60 minutes

Please suggest any improvements we should consider

Word count:

Must be no more than 100 words

Thank you for your application and your feedback.