#### **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 potential applic	_	Community Grants Co	ordinator to discuss your
○ Yes		○ No	
Name of Comm	unity Grants Coordi	nator *	
Date of contact	*		
Must be a date.			
Method of conta ○ Phone	act * ○ Email	○ In person	Other:
Eligibility Que	estions		
Are you a reside	ent of the City of Co	ockburn? * ○ No	

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

for which you have been selected on the	•
If No, not eligible to apply. Please note that support association must be supplied with this application.	ting documentation from the relevant governing
Is the event or activity for which you are two months' time? (from the date of this O Yes If No, not eligible to apply.	e seeking funding to be held in more than application) *  No
If the applicant is aged 21 or under, have for funding through the City's Junior Spoor under for the Youth Art Scholarship Power of No. No. If No., please check Junior Sport Travel Assistance deligibility before proceeding with this application.	orts Travel Assistance Program or aged 18 rogram? *  O N/A (over 21 years old)
If you answered NO to any of the above eligible for funding and should contact t 3444 before proceeding with this application.	he Community Grants area on (08) 9411
Previous Funding	
Have you previously received funding from Yes, this financial year Yes, in previous Yes, this financial year Yes, in previous have received funding in this financial year, 3444 to confirm your eligibility before proceeding	vious years O No contact the Community Grants area on (08) 9411
What type of funding did you receive?  ☐ Sponsorship (Individual) ☐ Junior Sport Travel Assistance	<ul><li>☐ Youth Art Scholarship</li><li>☐ Other:</li></ul>
Please provide details of your most rece	nt successful application *
Please include approximate date, category of fund	ing, activity or event, and amount.
funding has been satisfactorily acquitted. Acquittir	O Not applicable rears are eligible to apply provided that all previous a sponsorship or grant means you have provided provided evidence of the outcomes of the funded

## **APPLICANT DETAILS**

\* indicates a required field

## **Applicant Contact Details**

Applicant Name * Title First Name	Last Name	
The This Name	East Warrie	
Applicant Residential Ac Address	ldress *	
Address Line 1 Suburh/Town	State/Province and	Postcode are required. Country must be Australia
		om residential address) *
Address		in residential 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 Numbe	r (Business Hou	rs) *
Must be an Australian phone r	umber.	
Applicant Mobile Phone	Number	
Must be an Australian plane	u na h a v	
Must be an Australian phone r		
Is the Applicant over 18  ○ Yes	years or age? *	○ No
	<b>.</b>	
Name of Contact Person Title First Name	Last Name	
If applicant is under the age o	f 18	
Relationship to Applican		
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
Contact Person Phone N	umber (Busines	s Hours) *

Must be an Australian phone nu	mber.		
Contact Person Email *			
Must be an email address.			
SPONSORSHIP PROPO	OSAL DETAI	LS	
* indicates a required field			
Title and Description			
What is the name of the A are seeking funding? *	activity or Ever	nt or Sponsors	hip Proposal for which yo
Please provide a brief des		Activity or Ev	ent or Proposal, includin
How will your Activity or E	Event benefit t	he local comm	nunity and/or the City of
Cockburn generally? *			
For example, promote participat	ion in particular r	ecreational pursui	ts.
Timing and Location			
What is the proposed spo	nsorshin activ	vity or event st	tart date? *
what is the proposed spo	iisoisiiip, activ	ity of events	tart date:
Applications must be submitted	at least two mont	hs prior to this da	te.
What is the proposed spo	nsorship, activ	rity or event fi	nish date? *
Is your proposal a one-off	activity or eve	ent or is it like	ly to be ongoing or
organised annually? *  One-off	Ongoing/A	nnual	Other:
Please note: The successful requ commitment of the same or sim			

following years are dependent upon the satisfactory acquittal of all previous funding.

Where w	vill the activity o	or event take pla	ce? *	
Eviden	ce of Selection	n and Support		
		e of the organisativity or event *	ition that you ar	e representing or that
	ation named abo		ication of your s	election from the
<b>Name of</b> Title	Organisation C First Name	ontact Person * Last Name		
Position	in Organisation	<b>*</b>		
Organis	ation Contact Pe	erson Phone Nun	nber (Business H	ours) *
Must be an	n Australian phone i	number.		
Organisa	ation Contact Pe	erson Email *		
Must be an	n email address.			
Who in t	he Cockburn co	mmunity suppor	ts you and how?	*
<b>Please u</b> Attach a	i <b>pload letters of</b> file:	support		
Latters of	support will strongly	v assist vour applicat	ion These can be as	rovided by organisations or
individuals	who support your		uld describe the pos	tive impacts of your activity a

Promotion and Acknowledgement

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

## Sponsorship (Individual) Application Form 2024-2025

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.

## 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).

Bu	dg	et	To	ta	ls

Total	Income	<b>Amount</b>
\$		

This number/amount is calculated.
Total Expenses Amount  \$ This number/amount is calculated.
Is the Total Income Amount equal to the Total Expenses Amount? *  O Yes O 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 o 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 *

<b>CERTIFICATION AND</b>	<b>SUBMISSION</b>

\* 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.

○ Yes	reau and agree	to the above dec	iaration statements
Applica	ant Name (or Co	ontact Person if A	pplicant is 18 or under) *
Title	First Name	Last Name	
Date *			
Must be	a date.		

I have read and agree to the above declaration statements \*

## **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.

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 <u>click here</u> 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.

	-	nd the online appl	<del>-</del>	<ul><li>Very difficult</li></ul>
How many min	utes did it tal	ce you to complete	e this application	?
Please estimate in	minutes e.g. 1 h	our = 60 minutes		
Please suggest any improvements we should consider				
Word count: Must be no more t	than 100 words			

Thank you for your application and your feedback.