# Canberra and Regions Sponsorship Application
Form Preview

## Eligibility

* indicates a required field

### Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

### Confirmation of eligibility

**I confirm that:**

- I have read and understand the program guidelines
- I/the organisation can demonstrate how this proposal aligns with the aims of the sponsorship guidelines
- I have/the organisation has a valid Australian bank account
- I am/the organisation is a current Community Bank Canberra and Regions customer, or willing to become a customer of one of our branches
- I do not have any other sponsors who are financial institutions. This includes banks, brokers, insurance providers etc
- I/we have the capacity to deliver this sponsorship.
- the sponsorship will benefit the sponsor and is delivered within and benefits the local area

**The sponsorship will not:**

- attempt to change the law or direct political donations
- conflict with our organisation's values and objectives
- break any laws
- attempt to claim retrospective funding – paying for costs already incurred
- Involve gambling
- denigrate, exclude or offend any part of the community
- encourage violence or involve the use of weapons
- mistreat, exploit or harm animals
- create environmental hazards
- present a danger to public health or safety
- take place solely outside Australia
- contribute to modern slavery

**I confirm that all statements above are true and correct** *

○ Yes ○ No

Sorry, you are not eligible for the program. Please review our guidelines for more information.

## Sponsorship details

* indicates a required field

### Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Please view our privacy statement, here.

### Applicant details

*
First Name Last Name

**Position**

**Phone number** *

Must be an Australian phone number.

**Email** *

Must be an email address.

**Are you applying to be sponsored as an individual?** *
○ No ○ Yes

### Organisation details

**Organisation** *
Organisation Name

**Registered business name** *

**ABN (if applicable)**

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The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register | |
|---|---|
| ABN | |
| Entity Name | |
| ABN Status | |
| Entity Type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main Business Location | |

Must be an ABN.

**Organisation's website**

Must be a URL.

**Address** *

Address

**Phone number** *

Must be an Australian phone number.

**Email (if different to above)**

Must be an email address.

**Do you want to include a secondary contact to this application?** *

○ Yes ○ No

## Secondary contact

First Name Last Name

**Phone**

Must be an Australian phone number.

**Email**

Must be an email address.

## Bank relationship

**Do you / does your organisation bank with Community Bank Canberra and Regions?** *

○ Yes ○ No

**Which branch does your organisation primarily bank with?** *

○ Belconnen
○ Calwell
○ Curtin
○ Batemans Bay
○ Cooma
○ Newcastle
○ Other:

**Are you willing to transfer your banking relationship?** *

○ Yes ○ No

## Sponsorship proposal

* indicates a required field

**Proposed sponsorship period start date** *

Must be a date.

**Proposed sponsorship period end date** *

Must be a date.

**Tell us about your organisation.** *

Word count:
Must be no more than 100 words.

**What are you requesting sponsorship for?** *

**Briefly describe your sponsorship.** *

**Please outline the objectives of your sponsorship proposal.** *

**How do you intend on measuring the success of your sponsorship?** *

**Location** *
Address

Suburb/Town, State/Province, Postcode, and Country are required.

## Event date/dates

**Proposed event start date** *

Must be a date.
Must demonstrate adequate lead time to for the sponsorship to be effectively activated/leveraged

**Proposed event end date** *

Must be a date.

Please provide a breakdown of how you intend on using these funds (Please note, if application successful, a proof will be requested in acquittal form at the end of sponsorship period).

Click the "Add More" button to add rows.

| Expense description | $ Expected cost |
|---|---|
| | Must be a dollar amount. |
| | |
| | |
| | |

## Sponsorship request excluding GST

**Amount Requested (ex GST)** *

$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

If your application is successful and you are registered for GST, that amount will be added to your request upon receipt of a valid tax invoice.

GST calculators are available online if you need assistance calculating the amount of your request excluding GST.

## Split payments

**Does this sponsorship require split payments? (Not available for this program)**

○ Yes ○ No

Please list requested payment amounts ex.GST and approximate dates for a split payment application.

| Payment Date | Payment amount (ex GST) |
|---|---|
| Must be a date. | Must be a dollar amount. |
| | $ |
| | $ |

## Previous funding

**Have you or your organisation received funding from us in the past?** *

○ Yes ○ No

Click "Add More" or "+" to add more rows.

| What was/were your previously funded project/s? | How much did you receive from us? | What was the date of funding? |
|---|---|---|
| | Must be a dollar amount. | Approximate month/year<br>Must be a date. |
| | $ | |

## Licences and permits

**All required licences, permits and insurances are / will be in place** *

○ Yes ○ No ○ Not applicable

**If your staff/volunteers are working with children, have they obtained a Working with Children Check?** *

○ Yes ○ No ○ Not applicable

## Financial statements

**Please provide financial details about your organisation if applicable e.g. recent annual report, audited financials, bank statement/s**
Attach a file:

More then one file can be uploaded

## Promotional opportunities

* indicates a required field

**Please describe your promotional plan** *

Include any advertisements, media plans or proposed activities to promote this sponsorship. Attachments are optional.

**What are the primary areas of focus?**

No more than 5 choices may be selected.
You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

**Which of the following groups best describes your target audience?** *

☐ Young couples and singles
☐ Empty nesters/ retirees
☐ Small to medium businesses
☐ Other
☐ Established families
☐ Direct business
☐ Industry - rural

**Which of our following key impact pillars will your project most support?** *

☐ Arts, Culture and Heritage
☐ Community facilities and infrastructure
☐ Education and research
☐ Emergency services and support
☐ Environment and Animal Welfare
☐ Health and wellbeing
☐ Sports and Recreation

No more than 1 choice may be selected.

**How will your project support the selected impact pillars?** *

Word count:

**Who are the primary beneficiaries of this project/program?** *

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program

**Please outline opportunities for our involvement** *

Eg. Speaking at events, permanent signage, naming rights etc

**Are you prepared to acknowledge our support / raise brand awareness of the bank?** *

○ Yes ○ No

**Do you have or do you plan to secure sponsorship from another financial services institution?** *

○ Yes ○ No

**Are you following Community Bank Canberra and Regions' social media accounts on Facebook and Instagram?** *

○ Yes ○ No

**Are you willing to add a contact from our Community Bank to your distribution lists for social media, newsletters etc.** *

○ Yes ○ No

## Quotes and supporting documentation

Please upload any quotes or any other additional documents, information, or link to a webpage as necessary. You may also include a copy of your budget here if applicable.

**Supporting documents**
Attach a file:

**Website**

Must be a URL.

## Certification and feedback

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if this sponsorship**

**is approved, I/we will be required to accept the terms and conditions in the sponsorship agreement.**

**Certification** *
○ I agree

## Applicant feedback

You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.

**Please indicate how you found the online application process?** *
○ Easy ○ Neutral ○ Difficult

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

**Please provide us with your suggestions for any improvements to the application process/form that you think we need to consider?** *