

## APPLICATION FORM FOR A COMMUNITY DONATION UNDER GLEN INNES SEVERN COUNCIL DONATION'S POLICY

**CLOSING DATE: 4:30PM - FRIDAY, 18 AUGUST 2023** 

Name of Organisation:		
Postal Address:		
Email Address:		
Contact Name:		
Contact Number:		
President:		
Secretary:		
Treasurer:		
ABN:		
	GST Registered? Yes	No 🗌
Bank Account Name:		
BSB:		
Account Number:		
Eligibility for Financial A		
Is your organisation/comr	nunity group:	
Community based and no	on profit?	Yes 🗌 No 🗌
Based in, or affiliated with Glen Innes Severn Council LGA?		Yes No C
Able to complete the proj	ect/activity within 12 months?	Yes 🗌 No 🗌
Have you received any p	revious grants from Council?	Yes No
Project (outline what your	organisation is proposing do with the	sought donation)

\$1,500.00
r project /
a copy of

For further information regarding the Donations Policy or the application process please contact Council on 6730 2300 or council@gisc.nsw.gov.au

Please note recommendations for community donations will be addressed in a report to Council at the September Ordinary Council Meeting with applicants notified in writing in early October.

## Privacy Statement