|  |  |
| --- | --- |
| **Organisation/Group Name:** |  |
| **Contact Person:** |  |
| **Job Title/Role:** |  |
| **Postal Address:** |  |
| **Phone:** |  | **Email:** |  |
| **Mobile:** |  | **ABN:** |  |
| **Website:** |  |

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| --- |
| **Is your Organisation/Group registered for GST?** (Goods & Services Tax) [ ]  Yes [ ]  No |

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| **Do you have either of the following endorsements?** |
| **DGR** (Deductable Gift Recipient) [ ]  Yes [ ]  No (Please provide documentation of any endorsements) |
| **TCC** (Tax Concession Charity) [ ]  Yes [ ]  No (Please provide documentation of any endorsements) |

|  |
| --- |
| **Organisation Description** |
| [ ]  Incorporated Association[ ]  Community Group | [ ]  Charitable organisation[ ]  Special interest group | [ ]  Government/local agency[ ]  Other (please specify) |

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| **Has your organisation received support from Elphinstone Group Pty Ltd in the past?**If yes, please list the initiative/event name and year, support was provided |
|  |

|  |  |
| --- | --- |
| **Initiative/Event Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Initiative/Event Start Date:** | **Initiative/Event** **End Date:** | **Funding Requested:** |
|  |  | **Net Amount Requested $****GST** *(if registered)* **$****Total Amount Requested $****Request for non-financial support** [ ]  |
| **Initiative/Event Description**Outline what your initiative/event involves and its objectives (what do you aim to achieve) |
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| **Community Benefit (This is really important for the reviewing process)**What is the identified benefit to the community? |
|  |

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| **Which focus area(s) does your initiative/event benefit?** |
| [ ]  | Mental Health | [ ]  | Physical Health | [ ]  | Art |
| [ ]  | Sport | [ ]  | Education | [ ]  | Community Event |
| [ ]  | Indigenous | [ ]  | Cultural | [ ]  | Other: |

|  |
| --- |
| **Are any Elphinstone Group Pty Ltd employees involved in this initiative or event?**Please list names and level of involvement |
|  |
| 1. **Organisation Details**
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| --- | --- |
| **How long has your organisation/group been operating?** |  |

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| --- |
| **What are your organisation/group’s main activities?** |
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| 1. **Initiative/Event Budget**
 |

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| --- | --- |
| **What is the total budget for this initiative/event?** | $ |

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| **Elphinstone Group Pty Ltd Contribution**How would you like Elphinstone Group Pty Ltd to contribute? (Detail contributions) |
|  |

|  |
| --- |
| **Items** |
|  | **Net Cost** | **GST** | **Total Cost** |
|  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Grand Total** | **$** |

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| 1. **Other Funding or In-Kind Support**
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|  |  |
| --- | --- |
| **Name of other parties providing funding** | **Value $** |
|  |  |
|  |  |
|  | **$** |

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| **Other useful information you would like Elphinstone Group to consider when evaluating your application** |
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| **How will Elphinstone Group be recognised for its contribution to your initiative/event?**Include things like Elphinstone Group will be given x amount of tickets to the event, or you require a Elphinstone Group host to be present as a presenter or any marketing opportunities etc |
|  |

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| 1. **Checklist**
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[ ]  I have completed all required sections of the Application Form.

[ ]  I understand and agree to provide a funding allocation overview/acquittal within one month

 of the initiative/event completion, along with any relevant photographs and media clippings.

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| 1. **Support Materials**
 |

Please send copies, (not originals), as materials sent in support of your application will be retained by Elphinstone Group Pty Ltd, as well as marketing material we can use on our Facebook, LinkedIn, and internal Yammer page. This also includes your logo.

|  |
| --- |
| 1. **Submitting Your Application**
 |

Submit signed and completed applications to:

Email: reception@elphinstonegroup.net.au

|  |
| --- |
| 1. **Declaration**
 |

This declaration must be signed by a person with delegated authority.

I declare that all information provided in this application is current and correct. I will not canvass the Elphinstone Group staff members prior to the meeting to discuss this application.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_