

# Quick Response Donation Request Form

## Form Preview

## Welcome to Georges River Council Quick Response Donations Request Form

Thank you for applying for a Georges River Council Quick Response Donation

Before you start your application, please read these documents:

- Council's [Grants and Donations Policy \(pg. 24-25\)](#)
- Council's [Community Strategic Plan](#)

Applications for Quick Response Donations will only be accepted through this online application portal. Incomplete applications will not be considered. Applications can take 6 weeks to process.

**If you have any questions about your application please contact Council's Grants Officer on [ebrady@georgesriver.nsw.gov.au](mailto:ebrady@georgesriver.nsw.gov.au) or 02 9330 6050.**

## Eligibility

\* indicates a required field

### New Grants and Donations Policy

Georges River Council has adopted a new [Grants and Donations Policy](#). The Policy guides the application process, allocation and evaluation of funding to address community needs under Section 356 of the Local Government Act 1993.

From 6 November, all requests submitted to the Quick Response Donations Program are assessed under the new Grants and Donations Policy. Please familiarise yourself with the new Policy before starting this request process.

**I have read and understood the new Grants and Donations Policy. \***

☐ Yes

### Funding request

Funding can be requested up to the following amounts: a) Representation in cultural, academic or sporting events, up to \$200 per year per individual or up to \$1,000 per team; b) Strategic priorities support up to \$2,000 per year; c) Philanthropic ventures funding support up to \$2,000 per year.

**What amount of funding are you requesting as a Quick Response Donation?**

- ☐ \$500 or less  
☐ Over \$500

Requests under \$500 require less information.

**Are you requesting an in-kind or financial Quick Response Donation?**

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- ☐ In-kind (e.g. services, materials)
- ☐ Financial (monetary)

### Eligibility

The Quick Response Donations program supports small-scale projects and activities by community organisations and residents.

The program is open to not-for-profit organisations, unincorporated community groups and individuals.

Donation requests are assessed by an internal Council panel in accordance with the [Grants and Donations Policy \(pp. 24-25\)](#).

#### **Which of the following best describes your need for a donation?**

- ☐ One-off support for individuals and teams that can demonstrate financial hardship that are selected to participate in cultural, academic or representative sporting events
- ☐ Urgent support for unexpected or un-planned community, cultural or sustainability projects (eg disaster response initiatives)
- ☐ Funding for other strategic priorities identified through Council's policies and Community Strategic Plan, not identified or addressed in other funding programs

#### **What impact would a donation from Council have?**

- ☐ Provides opportunities to meet community needs
- ☐ Improves inclusion, liveability, connectedness and engagement with Georges River's diverse communities
- ☐ Promotes the cultural diversity of the local government area
- ☐ Enhances positive social, cultural, sustainability outcomes for local communities related to Council's strategic priorities
- ☐ Provides opportunities for education and information exchange, regional, national and/or international events and activities that enhance the image and reputation of the area
- ☐ Increases the engagement of and opportunities for individuals and teams in cultural, academic or sporting arenas
- ☐ Delivers economic benefits to the Georges River local government area
- ☐ Benefits a local registered charity and/or the Georges River community
- ☐ Donations will not be extended to third parties conducting or participating in a fundraising activity for charitable causes
- ☐ Applying organisations arranging fund-raiser dinner functions or events may be provided an appropriate Donation to the nominated charity in lieu of the purchase of group tables or individual seats at the event

#### **Please outline the circumstances of financial hardship to support the request for donation.**

Word count:

Must be no more than 150 words.

**Is the applicant a not-for-profit organisation, unincorporated community group or individual? \***

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- ☐ Not-for-profit organisation
- ☐ Unincorporated Community Group
- ☐ Individual

### Applicant Details

\* indicates a required field

#### Contact Information

##### Applicant \*

- ☐ Individual
- ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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##### Applicant Primary Address \*

Address

<input type="text"/>
<input type="text"/>

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

##### Applicant Primary Phone Number \*

Must be an Australian phone number.

##### Applicant Primary Email \*

Must be an email address.

#### ABN

##### Does your organisation have an ABN? \*

- ☐ Yes
- ☐ No

#### ABN Lookup

##### Applicant ABN

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
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ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

## Organisation Information

### Applicant Position

### Applicant Admin Contact

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

### Applicant Admin Contact Office Address

Address

  

### Applicant Admin Contact Office Website

Must be a URL.

### Applicant Admin Contact Primary Phone Number

Must be an Australian phone number.

### Applicant Admin Contact Primary Email

Must be an email address.

## Details of request

\* indicates a required field

\$500 or less

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**Individual, project or team name \***

Name of person, organisation or team receiving the donation

**Brief description on use of funds \***

Must be no more than 50 words.

**Address of individual, project or team \*** Address

  

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

Individual

**Individual name \***

**Date of participation \***

Must be a date.

Must not be prior to submitting application

**Brief description of participation \***

Word count:

Must be no more than 50 words.

**How will participation in this event benefit the individual and/or local area? \***

Word count:

Must be no more than 150 words.

**Address of individual \***

Address

  

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

Project Details

**Project or team name \***

Word count:

Must be no more than 10 words.

Provide a name for your project/program/initiative. Your title should be short and unique.

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The project title will be used to present your application to Council and within public forums and announcements.

**Start date \***

Must be a date.

Must not be prior to submitting application

**End date \***

Must be a date.

Must be within current financial year

**Brief project/team description \***

Word count:

Must be no more than 50 words.

**How will your project or team benefit local residents, workers and/or visitors of Georges River LGA? \***

Word count:

Must be no more than 150 words.

**Project/team location address \***

Address

  

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

## Request amount (\$500 or less)

### Funding Eligibility

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**Total amount requested**

Must be a dollar amount.

Needs to be less than \$500

## Request amount (over \$500)

### Funding eligibility

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### Breakdown of request

Description of anticipated expense	Estimated expense amount
	Must be a dollar amount.
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### Totals

Total donation request

\$

This number/amount is calculated.

### Certification

\* 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. I understand that if the applicant organisation is successful in gaining funding for this grant, we will be required to accept the terms and conditions of the grant as outlined through Council correspondence.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

First Name

Last Name

**Position (if applicable)**

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

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Must be an Australian phone number.  
Must be an Australian phone number. We may contact you to verify that this application is authorised by the applicant organisation

**Email \***

Must be an email address.

**Date \***

Must be a date.