

QRG 2024/25 Individual Sponsorship Application

Form Preview

Introduction

All applicants must read the [Quick Response Individual Sponsorship and Team/Community Group Grant Guidelines](#).

After reading the Guidelines & Assessment Criteria, and prior to completing the application form please contact the **Grants Officer 1300 366 244** to seek feedback on your proposal.

All eligible applicants should address the assessment criteria in their applications. The assessment criteria is detailed in the guidelines.

Contact Details

* indicates a required field

Applicant Details

Applicant Name:

First Name

Last Name

Applicant email *

All Correspondence will be sent to this email address

Applicant mobile phone number *

please note: this number will be used as a contact number on the Wellington Event calendar

Applicant Primary Address

Address

Organisation name: *

Organisation Name

Sporting club name, Community Committee, etc

Organisation Primary Address

Address

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Organisation Website

Must be a URL.

Is your organisation GST registered?

☐ Yes ☐ No

Does your organisation have an ABN?

☐ Yes ☐ No

Is your organisation incorporated?

☐ Yes ☐ No

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	
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.

Applicant organisation incorporation number

Auspice Details

If your organisation is **not incorporated** or **does not have an ABN** you will be required to provide the details of an auspice organisation. The auspice will receive the grant funding on your behalf and will ultimately be responsible for the acquittal.

Auspice Organisation *

Organisation Name

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Auspice Project Contact *

First Name

Last Name

Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Mobile Phone Number *

Must be an Australian phone number.

Auspice Primary Email *

Must be an email address.

Auspice Address *

Address

Auspice 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.

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Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
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Main business location	

Must be an ABN.

Auspice incorporation number *

Is your Auspice organisation GST registered? *

☐ Yes

☐ No

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Activity details

* indicates a required field

Describe the event(s) or activity for which funding is sought. *

Who is the organisation or group that is running the event or activity?

Is your club, organisation or group affiliated with an officially recognised national/international governing body or peak body in the field? What is its name?

Event/Activity start date *

Applications MUST be received 3 weeks prior to the commencement of your project

Event/Activity end date *

Must be a date.

I understand if this application is submitted less than 21 days prior to my event start date, my application will be deemed ineligible. *

☐ Yes

Funding amount

Please note that the funding amount requested can not exceed \$500.

How much are you applying for? *

\$

What is the total cost of the event/activity?

\$

How is your team/group contributing to the event/activity?

This can include financial or non-financial contributions.

List the costs of the event/activity.

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Item	
	Must be a dollar amount.
	\$
	\$
	\$
	\$
	\$

List any other support you are receiving to attend this activity. What other efforts are being made to fund expenses?

This can include financial or non-financial contributions and should include the name of the person(s) or organisation(s) providing assistance.

Explain current barriers that would prevent you from participating?

For example, financial affordability, transport, accommodation, distance, etc.

Describe why it is important to participate in this activity and/or event.

The importance of this activity and/or event may be related to both a personal and community perspective.

Describe how participation in the funded activity will fulfil a community benefit through the sharing of skills and sharing of information learnt.

Include examples such as letter of support, images, new articles, club newsletter articles, etc

Additional Details

Provide a brief background about yourself.

Please outline any achievements and involvement to date, which you feel will support this application.

Include evidence such as news articles, social media, images.

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Upload news articles, social media, images here.

Attach a file:

A maximum of 8 files may be attached.

Support Material, Checklist and Authorisation

*** indicates a required field**

Confirmation of participation

It is mandatory for applicants to attach a copy of confirmation of participation in the event activity e.g. letter of offer, letter from organisation holding the activity, etc.

Attach a file:

Applicants are encouraged to attach support material to strengthen the application. The items listed below are only suggestions, additional material may be attached.

The items listed below are only suggestions, additional material may be attached:

Letters of support

Attach a file:

**Letter of recognition
from club, group or
organisation**

Attach a file:

**Evidence of affiliation
with an officially
recognised national/
international governing
body or peak body in the
field.**

Attach a file:

**Any additional
information?**

Attach a file:

Checklist

I have read and understood the funding guidelines. *

☐ Yes

I have contacted the Grants Officer (1300 366 244) about my proposal *

☐ Yes

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I have completed all relevant questions and sections of this application form. All questions must be addressed. *

☐ Yes

I have attached relevant support material. *

☐ Yes

Authorisation

Name *

First Name

Last Name

I declare I have read the guidelines relating to the Quick Response Grant Individual Sponsorship Scheme and certify to the best of my knowledge the information provided in this submission is true and correct. **If successful in gaining funding I agree to abide by the Funding Agreement and conditions and agree to submit a grant acquittal.**

PRIVACY STATEMENT

The personal information provided on this form will be used by Wellington Shire Council for the purpose of the Community Grants Scheme. The personal information will be used solely by Council for that primary purpose or directly related purposes and will not be transferred to another agency.