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 Bendigo Bank customer, or willing to become a Bendigo Bank customer
- 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

Criteria, rules and guidelines as applied to applications for support:

- A representative from your group/organisation must attend the grant/sponsorship information evening to apply in the corresponding round
- contributions should enhance and promote infrastructure, services and development within the community
- be non-political
- be allocated to organisations who are preferably Community Bank Paynesville & District customers, or are willing to move their banking business to Community Bank Paynesville & District
- applicants should be incorporated, either as associations or companies and be able to demonstrate an appropriate level of fiscal responsibility
- where the project involves the purchase of a specific items of equipment or erection of a specific facility, the applicant must provide means of attaching the Enterprise's signage acknowledging the contribution of the Bank
- projects must have a definite starting and completion date

I h	ave rea	d and	understand	these	expectations	*
0	Yes					

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 p	hone number.

Email *			
Must be an email address.			
Are you applying to be sponso ○ No	ored as an	individual? * O Yes	
Organisation details			
Organisation * Organisation Name			
Registered business name *			
ABN (if applicable)			
in approxime,			
The ABN provided will be used to check that you have entered the A			Click Lookup above to
Information from the Australian Busin	ness Registe	r	
ABN			
Entity name			
ABN status			
Entity type Goods & Services Tax (GST)			
DGR Endorsed			
	More inform	ation	
ACNC Registration	11010 111101111	<u> </u>	
Tax Concessions			
Main business location			
Must be an ABN.			
O			
Organisation's website			
Must be a URL.			
Address *			
Address * Address			

Phone number *		
Must be an Australian ph	one number.	
Email (if different to	above)	
Must be an email address		
O Yes	ide a secondary con	tact to this application? * O No
Secondary contac	et	
* First Name	Last Name	
THE NUME	Lust Nume	
Phone *		
Must be an Australian ph	one number.	
Email *		
Must be an email address		
Bank relationship		
Do you / does your o	organisation bank wi	th us? ○ No
Are you willing to tr	ansfer your banking	
○ Yes		○ No
Sponsorship pro	posal	
* indicates a required t	ïeld	
Name of sponsorshi	p *	
Briefly describe you	r sponsorship *	

Start date *	
Start date	
Must be a date. Must demonstrate adequate lead time to for the sp	onsorship to be effectively activated/leveraged
End date	
Must be a date.	
Location * Address	
Suburb/Town, State/Province, Postcode, and Countr	ry are required.
Sponsorship request excluding GST	
oponioning request shearing 22.	
Amount Requested (ex GST) \$ Must be a dellar amount	
Must be a dollar amount. What is the total financial support you are requesting	ng in this application?
If your application is successful and you are re your request upon receipt of a valid tax invoice	egistered for GST, that amount will be added to e.
GST calculators are available online if you nee request excluding GST.	ed assistance calculating the amount of your
Split payments	
Does this sponsorship require split paym years or months) *	•
○ Yes	○ No
Please list requested payment amounts ex.GS application.	T and approximate dates for a split payment
Payment Date	Payment amount (ex GST)
Must be a date.	Must be a dollar amount.
	\$

Have you or your organisat Yes	ion received funding from u No	us in the past? *
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 Must be a date.
	\$	
Licences and permits		
All required licences, perm	its and insurances are / will No	<pre>be in place *</pre>
If your staff/volunteers are with Children Check? *	working with children, have	e they obtained a Working
Yes	○ No	Not applicable
Financial statements		
Please provide financial de annual report, audited fina Attach a file:	tails about your organisation	on if applicable e.g. recent
More then one file can be uploade	and and	
More then one me can be uploade	cu	
Promotional opportun	ities	
* indicates a required field		
Please describe your promo	otional plan *	
, .		
Include any advertisements, medi Attachments are optional.	a plans or proposed activities to p	romote this sponsorship.
What are the primary areas	s of focus?	
No more than 5 choices may be se	elected.	

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 Young couples and singles ☐ Established families	☐ Empty r retirees	nesters/	ribes your target au ☐ Small to medium businesses ☐ Industry - rural	
Please outline oppor	rtunities fo	or our invo	lvement *	
Eg. Speaking at events, p	ermanent si	gnage, namir	ng rights etc	
Are you prepared to bank? *	acknowle	dge our su	pport / raise brand	awareness of the
○ Yes			○ No	
	ou plan to	secure sp	onsorship from anot	ther financial services
institution? * ○ Yes			○ No	
Are you following ou	ır Commur	nity Bank's	s social media accou No	nts? *
Are you willing to ac			r Community Bank t	o your distribution
lists for social media ○ Yes	i, newsieti	ters etc. "	○ No	
Supporting docun	nentation	า		
Please upload any add necessary. You may als				
Supporting documer Attach a file:	nts			
Website				
Must be a URL.				
Mast be a OIL.				

Terms & Conditions

If successful, the following criteria MUST be met by your group in order to promote Community Bank Paynesville & District's grant:

^{*} indicates a required field

- ✓ Invite a Community Bank representative to speak with your community organisation about banking services available
- ✓ A representative from your group must attend the Community Bank AGM and/or a Grant recipient event. Attendance will be taken into account when considering future applications
- ✓ Verbally acknowledge grant at activity / presentations and to all members of your group
- ✓ Provide group members with a weblink to the Community Bank Paynesville & District webpage on your website and/or social media
- ✓ Complete and return a Grant Final Acquittal to the CIP committee (if grant received is over \$500)
- ✓ Allow Paynesville & District Community Bank the opportunity to provide an insurance quote if your successful grant includes the purchase of equipment

l h	ave	read	and	understan	d these	Terms	&	Condition	9
0	Yes								

	uccessful, the following criteria MUST be met by your group in order to
pro	mote Community Bank Paynesville & District's grant: *
	If successful, what else will your organisation do to promote the Community Bank grant?
	Feature Community Bank logo and signage at event (collect and return from Community
Ban	k Branch)
	Feature Community Bank on advertising material, webpage and grant
ack	nowledgements including social media
	Event / prize naming rights
	Issue a press release to the local media detailing your activity and mentioning the grant
	Provide Community Bank with high resolution digital images from your event for use in
any	of its advertising, promotional or other material, including social media
	Place permanent signage featuring Community Bank logo at your organisation
	Authorise the Community Bank to promote this grant within internal and external
mar	keting, including social media
NB:	any press release using the Community Bank logo would require the Board approval.

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 tota	l did it take you to complete	e this application? *				
Please provide us with you	ur suggestions for any impro	ovements to the application				
process/form that you thir						