Eligibility

* indicates a required field

Before you begin

Before completing this application form, ensure you have read the program guidelines.

Incomplete applications received after the closing date will not be considered.

If you have any questions in regards to these eligibility criteria, please contact the funder.

Confirmation of Eligibility

I confirm that:

- I have read and understand the program guidelines
- we are an eligible incorporated company or not-for-profit organisation
- I can provide a valid ABN or have an eligible project partner that meets these requirements
- I am a current Bendigo Bank customer, or willing to become a Bendigo Bank customer
- I have a valid Australian bank account
- I do not have any other sponsors who are financial institutions. This includes banks, brokers, insurance providers etc.
- sponsored event/program/project is delivered & benefits the local area
- sponsored initiatives will deliver clear business acquisition outcomes for the local community

Sponsored event/program/project does 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
- O No

Unfortunately you are not eligible for this program, please review guidelines for more information.

Contact 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, <u>here</u>.

Applicant primary contact

We may contact this person to provide additional information about this application.

Name *	-		
Title	First Name	Last Name	
Position	*		
Phone n	umber *		
Must be a	n Australian phon	e number.	
Email *			
Must be a	n email address.		
Organi	sation detail	S	
Applicant	t organisation co	ontact information	
	ation name * tion Name		
Register	red business n	ame *	
negister		unic	

Organisation's 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 Bus	siness 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.

Primary address * Address

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Organisation's website

Must be a URL.

Organisation

Is your organisation eligible entity or not-for-profit organisation? *

O Yes O No Non-eligible entities could include government entities, and those without an ABN. Refer to the program guidelines for more information.

Project partner

Sponsorship Application Form Preview

Project partner contact information

Organisation name * Organisation Name

Address *

Address

Partner 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.

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Partner website

Must be a URL.

Partner letter of support * Attach a file:

Project partner primary contact

We may contact this person to provide additional information about this application.

Name * Title	First Name	Last Name
Position	*	
Phone number *		
Must be an Australian phone number.		
F		
Email *		

Must be an email address.

Financial relationship

Do you bank with us? *

- Yes
- O No

Are you willing to transfer your banking relationship? *

- ⊖ Yes
- O No

Previous funding

Has your organisation previously received funding from us? *

- ⊖ Yes
- O No

Previously funded projects

What were your previously How much was this fundingWhat was the date of
funded project/s?for?funding (approximate
month and yoar)?

	month and year)?
Must be a dollar amount.	Must be a date.
\$	
\$	
\$	

Sponsorship details

* indicates a required field

Sponsored event/program/project name? *

Provide a name for your Sponsored Event/Program/Project/program/initiative. Your title should be short but descriptive

Start date? *

Must be a date.

End date? *

Must be a date.

Location? *

Address

Total amount requested? *

\$ Must be a dollar amount. What is the total financial support you are requesting in this application?

Is this a multi year funding application?

○ Yes

O No

Please list requested payment amounts and approximate dates for payment for multi year application.

Payment Date	Payment amount	
Must be a date.	Must be a dollar amount.	
	\$	
	\$	

Sponsorship description

Please provide a short summary of your sponsored event/program/project? *

Sponsorship Application Form Preview

Be descriptive, but succinct. Include a brief summary of who this sponsored event/program/project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Objectives & beneficiaries

Who are the primary beneficiaries? *

No more than 5 choices may be selected. Please choose only the group/s that are at the very core of this project/program

What are the primary goals/objectives? *

Please provide clear and realistic sponsored event/program/project goals and objectives.

What are the primary areas of focus? *

No more than 5 choices may be selected.

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).

Does your sponsorship benefit Aboriginal and/or Torres Strait islander communities or individuals? *

⊖ Yes

O No

Community support & feasibility

Evidence of community support is generally highly regarded as sponsored event/program/ projects with community buy-in tend to be more successful.

Does this sponsored event/program/ project have community support? In particular, do the beneficiaries and/or geographic communities affected support the activities you are proposing? *

⊖ Yes

⊖ No

Evidence of community support

Please provide any evidence of community support.

Attach a file:

Capacity to deliver

Provide information about any past work that may demonstrate your organisation's capacity to undertake this work.

Provide links to further explanatory material if available/relevant.

Provide information about your organisation that demonstrates your ability to complete the work you've described in this application.

Does your project require council permits, public liability insurance etc? O Yes O No

Insurance, approvals & permits

If you would like to attach evidence of any licenses, permits and insurances which will enable you to run your sponsored event/program/project Attach a file:



Activation potential

How might this sponsorship bring in new customers to Bendigo Bank?

Who is the target audience?

Please describe the demographic charachteristics of the target audience for your proposed event.

What is your proposed marketing plan?

Include any advertisements, media plans or proposed activity to promote this sponsored event/ program/project

How will you promote our brand as part of the sponsorship?

Describe any opportunities for our involvement?

Number of expected attendees/participants?

Must be a number.

Please attach any supporting documentation

Attach a file:

Financials

* indicates a required field

Total sponsored event/program/project cost? *

\$ Must be a dollar amount. What is the total budgeted cost (dollars) of your project?

Are you seeking additional funding from other sources for this sponsored event/ program/project? *

- O Yes
- O No

Other funding sources

Please add more rows if required

Please provide details of your funding sources and expected amounts.

Name of organisation/ individual/ group Amount expected providing additional funding?

Must be a dollar amount.
\$

Total Other funding sources

Total other funding sources

\$ This number/amount is calculated.

Expenditure

Examples of expenses could include 'office supplies', 'advertising', 'equipment hire' etc Use the 'Notes' column for any additional information you think we should know.

Expenditure item	\$ Amount	Notes
	\$	

Budget totals

Total expenditure amount should equal total amount requested.



Total amount requested exceeds total expenditure

We note that the total amount requested is greater than the budget total of your expenditure

More information on expenditure balance? *

Documentation checklist

Please upload any relevant documents, information, or link to a webpage as necessary

Supporting documents

Attach a file:

Website

Must be a URL.

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 Bendigo Bank approve this sponsorship, we will be required to accept the terms and conditions in the sponsorship agreement.

Certification *

○ I agree

Name * Title	First Name	Last Name

Position *

Phone number * Must be an Australian phone number. Email *

Must be an email address.

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 total did it take you to complete this application? *

Please provide us with your suggestions for any improvements to the application process/form that you think we need to consider? *