

Small Sponsorships and Donations Application Form

Organisation Details		
Name:		
Postal Address:		
Telephone Number:		
Email Address:		
ABN Number:		
Registered for GST	Yes □ No □	
Applicant Details		
Name:		
Postal Address		
Telephone Number		
Email Address		
Role in Organisation		
Project Details		
Please describe your proposed	l activity and what Council's funding will be used for.	
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Project Start Date:		
Project End Date:		
Location of Activity		
Funding Requested		
(Excluding GST)		
Own Source Funds		
(Excluding GST)		
Total Project Cost		
(Excluding GST)		

Project Details (Continued)		
Which of the Funding priorities does your project address (applicants may select multiple priorities)		
☐ Stimulate community development through support of cultural and community projects events and activities occurring within the District Council of Lower Eyre Peninsula boundaries.		
☐ Foster or provide new services, initiatives and resources within the District Council Lower Eyre Peninsula's boundaries which address the needs of the local community;		
☐ Create opportunities which develop the knowledge, skills and confidence of community members within the District Council of Lower Eyre Peninsula's boundaries.		
 Encourage increased participation in local community and cultural activities within the District Council of Lower Eyre Peninsula's boundaries, building a greater sense community connection and pride. Increase visitation and/or visitor expenditure within the District Council of Lower Eyron. 		
Peninsula region.		
□ Other (Please Indicate)		
Acknowledgement		
Which of the following ways are you able to acknowledge the District Council of Lower Eyre Peninsula's support of the project? (applicants may select multiple means of acknowledgement)		
☐ Acknowledgement of support in advertising and media publicity		
☐ Display of Council signage while project is occurring		
☐ Verbal acknowledgement during the project		
☐ Formal invitations to Mayor and / or Councillors to attend project activities, official functions and hospitality opportunities		
☐ Invitation to Mayor or Councillors to present the welcome or opening speech at the commencement and / or launch of the project		
Additional Information		
Additional Information Please provide any additional information in support of your application		
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Applicant Declaration		
I, the undersigned, certify that I have been authorised to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and		
correct. Name:		
Signature:		
Position:		
Date:		

Please send completed applications to: District Council of Lower Eyre Peninsula

District Council of Lower Eyre Peninsula PO Box 41 Cummins SA 5631 Email: mail@dclep.sa.gov.au