

REQUEST FOR SPONSORSHIP



132 Railway Road
PO Box 117
THREE SPRINGS WA 6519

(08) 9954 1001

general@threesprings.wa.gov.au
www.threesprings.wa.gov.au

Office Hours
8.00am - 4.00pm
Monday - Friday

Section A: APPLICANTS DETAILS			
Name of Organisation:			
Postal Address:			
Contact Person:			
Email: (will be used for funding remittance)			
Phone:	(B/H)	(Mob)	
Is your organisation registered for GST	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ABN
Is your organisation Incorporated	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Incorporation No.
Do you have Public Liability Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Section B: PROJECT / EVENT SUMMARY	
Type of Project / Event:	
Name of Project / Event:	
Project / Event Date/s:	
Project / Event Venue	
Requested Funding (max \$250):	
Project / Event Description Objectives, expected outcomes.	

Section C: DECLARATION			
<p>I hereby declare that the information supplied on behalf of the named organisation is correct. I consent to the Shire of Three Springs collecting the personal contact details provided in this application. We acknowledge your right to have access to our personal information, in accordance with the Privacy Act 2000.</p> <p>I also declare that I have read the Shire of Three Springs Community Small Grants Guidelines and agree to comply with the provisions included.</p>			
Signature			
Name		Date	
Position * (Must be an executive committee member)			
Bank Account	BSB	ACC	
Account Name			

REQUEST FOR SPONSORSHIP



Office Use Only							
Date Received		Records Ref		File Ref			
Approval under delegated Authority?		<input type="checkbox"/> YES	<input type="checkbox"/> NO*	*Report to Council required			
Authorised Officer under the instrument of Delegation Number							
<input type="checkbox"/> Approved	\$	<input type="checkbox"/> Declined	Reason:				
*If No, Council Meeting Date		*Outcome of Council Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Declined, OMC No				
Applicant Notified	<input type="checkbox"/> YES	Date		Records Ref		File Ref	

Name of Committee Chairperson

Signature

Date