## Sponsorship Application Form

### 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 a	II statements a	bove are true and	l correct *
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- 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

Name \*

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, <a href="https://example.com/here">here</a>.

### Applicant primary contact

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

Title	First Name	Last Name	
Position	<b>1 *</b>		
Phone r	number *		
Must be a	n Australian phone r	number.	
Email *			
Must be a	n email address.		
Organi	sation details		
Applican	t organisation cont	act information	
	ation name * ation Name		
Registe	red business nar	ne *	

Organisation's ABN
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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	iness 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	
Muct be an ARM	

Must be an ABN.

Phone number *  Must be an Australian phone number.  Email *  Must be an email address.	Primary address * Address	
Must be an Australian phone number.  Email *		
Must be an Australian phone number.  Email *		
Email *	Phone number *	
Email *	Must be an Australian phone number	
Must be an email address.	Email *	
	Must be an email address.	
Organisation's website	Organisation's website	
Must be a URL.	Markhara HDI	

## Organisation

#### Is your organisation eligible entity or not-for-profit organisation? \* $\bigcirc$ No

Non-eligible entities could include government entities, and those without an ABN. Refer to the program guidelines for more information.

### Project partner

Project partner contact information	on		
Organisation name * Organisation Name			
Address * Address			
Partner ABN *			
The ABN provided will be used to check that you have entered the			Click Lookup above to
Information from the Australian Busi	ness Registe	r	]
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More inform	<u>ation</u>	
ACNC Registration  Tax Concessions			
Main business location			
Must be an ABN.			
Must be all Abiv.			
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 applicati	We m	nay contact this	person to	provide a	additional	information	about this	application
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	me *			
Titl	е	First Name	Last Name	
Ро	sition	*		
Dh	ono n	umber *		
PII	one m	umber		
Mus	st be ar	n Australian phone i	number.	
Fm	nail *			
Mu	st be ar	email address.		
Fir	nanci	al relationship	0	
		o o. o. o. o		
Dο	vou b	ank with us? *		
0	Yes	ank with as		
0	No			
_				
	<b>e you</b> Yes	willing to trans	fer your banking	relationship? *
-	No			
Pr	eviou	s funding		
		_		
	s youi Yes	r organisation p	reviously receiv	ed funding from us? *
_	No			
Pr	eviou	sly funded pr	niects	

### Previously funded projects

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

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

## Sponsorship details

\* indicates a required field

	ect name? *
Provide a name for your Sponsored Eve but descriptive	ent/Program/Project/program/initiative. Your title should be short
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 a  Is this a multi year funding app  O Yes O No	
Please list requested payment amo application.	ounts and approximate dates for payment for multi year
application.  Payment Date	Payment amount
application.	Payment amount  Must be a dollar amount.
application.  Payment Date	Payment amount
application.  Payment Date	Payment amount  Must be a dollar amount.  \$
Application.  Payment Date  Must be a date.  Sponsorship description	Payment amount  Must be a dollar amount.  \$

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 ○ 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?  ○ Yes  ○ 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

<b>Please attach any supporting documenta</b> Attach a file:	tion			
Financials				
* indicates a required field				
Total sponsored event/program/project o	ost? *			
\$				
Must be a dollar amount. What is the total budgeted cost (dollars) of your project?				
Are you seeking additional funding from program/project? *  O Yes O No	other sources for this sponsored event/			
Other funding sources				
Please add more rows if required				
Please provide details of your funding sources	and expected amounts.			
Name of organisation/ individual/ group providing additional funding?	Amount expected			
	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 expending  \$ This numb calculated	er/amount is	Total expenditure less than the second of th		\$ This number/amount is calculated.			
Total amount requested exceeds total expenditure							
We note that the total amount requested is greater than the budget total of your expenditure							
More inf	ormation on exp	enditure baland	ce? *				
Docum	entation chec	klist					
Please upload any relevant documents, information, or link to a webpage as necessary							
Supporti Attach a f	ing documents file:						
Website							
Must be a	URL.						
Certific	cation and fe	edback					
* indicate	s a required field						
	ant organisation (			ed person on behalf of erson listed earlier in this			
true and		erstand that if Ber	ndigo Bank appro	de within this application are ove this sponsorship, we will be ip agreement.			
Certifica  O l agre	-						
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 proclick the SUBMIT button please take a few mo	_	
Please indicate how you found the online  Easy  Neutral  Difficult	e application proces	s? *
How many minutes in total did it take yo	ou to complete this a	pplication? *
Please provide us with your suggestions process/form that you think we need to		nts to the application