



COMMUNITY SUPPORT SPONSORSHIP APPLICATION FORM

Name of Organization/Group or Individual applying for funding:

Primary Contact Details: Title: _____ Name: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

Signature of Applicant: _____ Date: _____

If your application for funding is successful you will be required to:

- Make an appropriate level of acknowledgement of the funding source.
- Complete an evaluation form at the end of the project.

1. Has your organization received financial support from Strathfield Sports Club before? Y N

If yes, in what year, for what purpose and how much? _____

2. Have you or your organization received financial support from any other club before? Y N

If yes, in what year, for what purpose and how much? _____

3. Please provide a short outline of your project/ reason for sponsorship (what you are going to do or provide, e.g. details of your event, service, product etc.

4. Briefly summarise what your organization does (e.g. what is the purpose of your organisation, what special groups are you involved with etc.

5. What local need does your project address?



6. Who will be the main beneficiary/target group/client group for the project? Please be specific (e.g. men, women, children with learning difficulties).

7. How will you monitor and evaluate this project?

8. Please state your ABN/GST status:

ABN: _____ GST status: _____

9. Is your organization not for profit? Y N

10. What is the total amount of funding / sponsorship you are seeking?

\$

11. Are there any supporting documents attached? Y N

Please provide your banking details:

Account Name: _____

BSB: _____ **Account No:** _____

Applications can be sent to chris@strathfieldsportsclub.com.au

You will be notified in writing as to the outcome of the application.

