

Application Form – Community Fund

This application form is for individuals and organisations to apply for funding from the **Community Fund**, part of the Voluntary Planning Agreement between Iluka Resources and Balranald Shire Council.

Eligible individuals and organisations must complete and send a copy of this application form to **Balranald.Community@iluka.com** to be considered for a funding allocation from the Community Fund.

Funding requests will be compiled and considered at the biannual meetings of the Community Partnerships and Education Scholarships Committee, to be held in approximately May and November each year.

Applicants will be notified of the outcome of their application within 30 days after the date of the Committee meeting at which their Application for Funding is considered.

Application forms are available on the BSC website or upon request by emailing **Balranald.Community@iluka.com**.

APPLICANT'S DETAILS

| Name of individual/ organisation: | | | |
|--|---|---|---|
| Address: | | | |
| Contact name: | | | |
| Contact position: | | | |
| Email: | | | |
| Phone: | | | |
| Website: | | | |
| Social media accounts relevant to business or initiative: | | | |
| Is the organisation incorporated or otherwise registered? | Y | N | ABN: (if applicable) |
| Is the organisation registered with the Australian Charities and Not-for-profits Commission? | Y | N | If yes, please attach most recent Annual Information Statement. |
| Are government officials involved in your organisation? | Y | N | If yes, please provide name and nature of relationship with your organisation |



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|--|--------|
| Provide a brief overview of your organisation, including its purpose and objectives: | |
| How many organisation staff/volunteers? | |
| PROJECT DETAILS | |
| | |
| Project or event name: | |
| Project or event description: | |
| (Please include proposed objectives) | |
| Location and timing: | |
| (Where and when will the project or event take place?) | |
| Who will the project or event benefit in the community? | |
| (Please list ages, estimated attendance numbers, and other relevant information) | |
| FUNDING REQUEST | |
| Has Iluka or the Community Fund sponsored your organisation before? If yes, please outline. | |
| Amount requested: | |
| Itemised breakdown: | |
| (Outline items/services that would be purchased or paid for using this funding. Please be as detailed as possible and provide quotes where applicable) | |
| Please list other sponsors involved in this project: | |



PROMOTION AND ENGAGEMENT OPPORTUNITIES

| How will Iluka's support be recognised? | | | | | | | |
|---|-----|----|--|--|--|--|--|
| Will there be opportunities for Iluka employees to engage with the project or event? | | | | | | | |
| REPORTING | | | | | | | |
| Outline the proposed reporting format to evaluate sponsorship outcomes, successes, and milestones: | | | | | | | |
| APPROVAL DECLARATION | | | | | | | |
| Name: | | | | | | | |
| Phone: | | | | | | | |
| CHECKLIST AND DECLARATION | | | | | | | |
| All sections of this form must be completed and supporting documents provided before it will be assessed. | | | | | | | |
| Application Requirements | Yes | No | | | | | |
| Every section of this application | | | | | | | |
| All supporting documentation is attached to this application. | | | | | | | |
| I am authorised to submit this application on behalf of my organisation. | | | | | | | |
| Signature: | | | | | | | |
| Name and position: | | | | | | | |
| Date: | | | | | | | |