

# CATEGORY 2 APPLICATION FORM

**NAME OF ORGANISATION OR INDIVIDUAL:**

**COMMONLY OR PREVIOUSLY KNOWN AS:**

**ORGANISATION CATEGORY:**

e.g. School, Sports Club, Community Enterprise, Commercial Enterprise, Cultural Enterprise, Charity, Church, Military, Government, Health Promotion, Medical Research, Animal Welfare, Individual etc

**NAME OF CLUB YOU ARE APPLYING TO:**

**LOCAL GOVERNMENT AREA:**

Note: Applicant organisation/individual must operate within the club's local government area or be using club facilities to qualify.

i.e. Lynwood Country Club - City of Hawkesbury

**PRIMARY CONTACT DETAILS:**

Name:

Position or Title:

Street Address:

Postal Address:

Suburb:

State:

Postcode:

Telephone:

Email:

**TAX STATUS:** (Exempt / Not Exempt)

If exempt provide details/proof of Taxation Office endorsement as a deductible gift recipient.

**PREVIOUS FUNDING:**

Has the organisation/individual received funding or complimentary services in the past?

If so, enter a brief description including dates etc.

**STANDARD FUNDING REPORT FORM:**

If you received previous funding or complimentary services to the value of \$500 or more have you completed the required SFRF form at the end of the project?

If not, under the regulations governing ClubGRANTS, this application cannot be considered until all previously required forms are completed and returned.

**ACKNOWLEDGEMENT / RECEIPT:**

If you received previous funding or complimentary services under \$500 have you sent an acknowledgement or receipt for the services provided? If not, please attach to this form.

## CATEGORY 2 APPLICATION FORM

**PROJECT DESCRIPTION:**

Describe briefly the nature and scope of the project you require funding or complimentary services for and provide commencement dates where possible. Please attach details if insufficient room on the form.

  
  
  


**PROJECT REQUIREMENT:**

e.g. Funding, sponsorship, donation, complimentary room hire or complimentary services etc

  
  


**AMOUNT OF REQUIRED FUNDING:**

Note: If this application is for monetary funding as opposed to complimentary services you must provide a full itemised costing of the project to justify the amount you are requesting. Please attach supporting information to this form.

If not a monetary funding application then leave this field blank.

  
  
  


**WHAT ARE THE EXPECTED BENEFITS:**

Describe in detail what the expected benefits or outcomes of the project will be. Attach details if not enough room.

  
  
  


**CLUB MEMBERSHIP:**

If you, or members of your organisation/family are club members please insert membership numbers and state length of membership otherwise enter "Not Applicable".

  
  


**COMPANY ABN & GST STATUS:**

(if applicable)

  


**COMPANY STATUS:**

e.g. Non-profit, incorporated, registered charity, etc

Name of Applicant:

Signature of Applicant:

Date of Application:

**Please return this form to:**

The Group General Manager  
 Castle Hill RSL Group  
 P.O. Box 25  
 Castle Hill NSW 1765

*Note: All details requested on this form are mandatory. Applications with incomplete information may not be considered.*

**IF APPLYING FOR SPONSORSHIP PLEASE ALSO COMPLETE PAGES 3 AND 4**

# CATEGORY 2 APPLICATION FORM

TO BE COMPLETED BY SPONSORSHIP APPLICANTS ONLY

**SPONSORSHIP CRITERIA:**

Sponsorship applications received by Lynwood Country Club consistently exceed the funds available in any given period throughout the year. In an attempt to ensure that the limited funds are used as effectively as possible within the community, sponsorship applicants are now required to provide more detail and accountability regarding their project or program. Projects, programs or events which are of major significance to the general community will receive priority. The benefits of these projects, programs or events must be documented and project-managed to ensure successful outcomes. In order to do this, all information requested in the following pages is mandatory. Unless otherwise stated or agreed to, a sponsorship approval will be in effect for the term of the Clubgrants reporting year which is 1st September to 31st August the next year.

**PRINCIPAL OBJECTIVES:**

(List the principal objectives of the sponsorship)

  


**PRINCIPAL BENEFICIARIES:**

(List who the principal beneficiaries will be)

  
  
  


**HOW MANY PEOPLE WILL BENEFIT?:**

(Enter the total number of people who will benefit from this sponsorship)

**EXPECTED OUTCOMES:**

Describe in detail the expected outcomes. Attach details if insufficient room on form)

  
  


**BENEFIT TO THE COMMUNITY:**

(Identify the benefits for the whole community)

  
  


**SPONSORSHIP RESPONSIBILITY:**

(List the members of your organisation responsible for managing or overseeing the sponsorship)

  
  
  


**SPONSORSHIP MANAGEMENT:**

(How will the sponsorship be managed. Enter key success indicators)

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### THE FOLLOWING TERMS AND CONDITIONS APPLY TO SPONSORSHIP RECIPIENTS

**Do you agree to display Lynwood Country Club promotional material at all events covered by this sponsorship and display the Lynwood Country Club logo on associated apparel/uniforms, etc?**

(Please indicate yes or no and initial)

**Do you agree to promote the Lynwood Country Club brand in all associated print, electronic (web) and social communications?** (Please indicate yes or no and initial)

*Note: Approval to use the Lynwood Country Club logo or associated brand names must be sought prior to any form of publication.*

**Do you agree to supply Lynwood Country Club with letters of support and/or certificates as required for publication?**

(Please indicate yes or no and initial)

**Do you agree to promote Lynwood Country Club as a preferred destination to those involved in your organisation and this project or program?** (Please indicate yes or no and initial)

**Do you agree to host all functions associated with this sponsorship application at Lynwood Country Club provided that adequate notice is given and a suitable venue is available?** (Please indicate yes or no and initial)

**Do you agree to provide Lynwood Country Club with completed regulatory forms requested under the NSW Clubgrants regulations?** (Please indicate yes or no and initial)

**Please list how Lynwood Country Club will be recognised for its contribution to your organisation.** (Bullet points will suffice)

### AGREEMENT

We hereby agree that, if our organisation is successful in its application for sponsorship, we will accept the above terms and conditions and agree to uphold them in spirit and in practice.

Authorised Representative

Date