

North Richmond and Richmond Sponsorship Application form

Form Preview

Eligibility

* indicates a required field

Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

Confirmation of eligibility

I confirm that:

- I have read and understand the program guidelines
- I/the organisation can demonstrate how this proposal aligns with the aims of the sponsorship guidelines
- I have/the organisation has a valid Australian bank account
- I am/the organisation is a current Bendigo Bank customer, or willing to become a Bendigo Bank customer
- I do not have any other sponsors who are financial institutions. This includes banks, brokers, insurance providers etc
- I/we have the capacity to deliver this sponsorship.
- the sponsorship will benefit the sponsor and is delivered within and benefits the local area

The sponsorship will 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 all statements above are true and correct *

☐ Yes

☐ No

Sorry, you are not eligible for the program. Please review our guidelines for more information.

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Sponsorship details

* indicates a required field

Privacy notice

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, [here](#).

Applicant details

*

First Name

Last Name

Position

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Are you applying to be sponsored as an individual? *

☐ No

☐ Yes

Organisation details

Organisation *

Organisation Name

Registered business name *

ABN (if applicable)

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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 Business 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	

Must be an ABN.

How many employees does your organisation have

Must be a number.

What year was your organisation established

Must be a number.

How many volunteers contribute time to your organisation?

Must be a number.

Approximately how many people will benefit?

Must be a number.

Organisation's website

Must be a URL.

Address *

Address

Phone number *

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Must be an Australian phone number.

Email (if different to above)

Must be an email address.

Do you want to include a secondary contact to this application? *

☐ Yes ☐ No

Secondary contact

First Name

Last Name

Phone

Must be an Australian phone number.

Email

Must be an email address.

Bank relationship

Do you / does your organisation bank with us?

☐ Yes ☐ No

Are you willing to transfer your banking relationship? *

☐ Yes ☐ No

Sponsorship proposal

* indicates a required field

Name of sponsorship *

Briefly describe your sponsorship *

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Start date *

Must be a date.

Must demonstrate adequate lead time to for the sponsorship to be effectively activated/leveraged

End date

Must be a date.

Location *

Address

Suburb/Town, State/Province, Postcode, and Country are required.

Sponsorship request excluding GST

Amount Requested (ex GST)

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

If your application is successful and you are registered for GST, that amount will be added to your request upon receipt of a valid tax invoice.

GST calculators are available online if you need assistance calculating the amount of your request excluding GST.

Split payments

Does this sponsorship require split payments (ie. split across multiple events, years or months) *

☐ Yes

☐ No

Please list requested payment amounts ex.GST and approximate dates for a split payment application.

Payment Date**Payment amount (ex GST)**

Must be a date.	Must be a dollar amount.

Other funding sources (Income)

Please provide details of your funding sources and expected amounts. Include all contributors/contributions.

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More rows can be added if required.

Details of contribution of contributor	Amount expected
	Must be a dollar amount.

Total Income

This number/amount is calculated.

Expenditure

Example of expenses could include 'FY24 club sponsorship', 'gold/silver/bronze sponsorship', or 'promotional materials'.

Expenditure item	Amount (\$)
	Must be a dollar amount.

Estimated Cost (Total Expenditure)

This number/amount is calculated.

Previous funding

Have you or your organisation received funding from us in the past? *

☐ Yes

☐ No

Click "Add More" or "+" to add more rows.

What was/were your previously funded project/s?	How much did you receive from us?	What was the date of funding?
	Must be a dollar amount.	Approximate month/year Must be a date.
	\$	

Licences and permits

All required licences, permits and insurances are / will be in place *

☐ Yes

☐ No

☐ Not applicable

If your staff/volunteers are working with children, have they obtained a Working with Children Check? *

☐ Yes

☐ No

☐ Not applicable

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Financial statements

Please provide financial details about your organisation if applicable e.g. recent annual report, audited financials, bank statement/s

Attach a file:

More than one file can be uploaded

Promotional opportunities

* indicates a required field

Please describe your promotional plan *

Include any advertisements, media plans or proposed activities to promote this sponsorship. Attachments are optional.

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)

Which of the following groups best describes your target audience? *

- | | | | |
|--|--|---|--------------------------------|
| ☐ Young couples and singles | ☐ Empty nesters/ retirees | ☐ Small to medium businesses | ☐ Other |
| ☐ Established families | ☐ Direct business | ☐ Industry - rural | |

Please outline opportunities for our involvement *

Eg. Speaking at events, permanent signage, naming rights etc

Are you prepared to acknowledge our support / raise brand awareness of the bank? *

- ☐ Yes ☐ No

Do you have or do you plan to secure sponsorship from another financial services institution? *

- ☐ Yes ☐ No

Are you following our Community Bank's social media accounts? *

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☐ Yes

☐ No

Are you willing to add a contact from our Community Bank to your distribution lists for social media, newsletters etc. *

☐ Yes

☐ No

Supporting documentation

Please upload any additional documents, information, or link to a webpage as necessary. You may also include a copy of your budget here if applicable.

Supporting documents

Attach a file:

Website

Must be a URL.

Certification and feedback

*** indicates a required field**

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if this sponsorship is approved, I/we will be required to accept the terms and conditions in the sponsorship agreement.

Certification *

☐ I agree

Applicant feedback

You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.

Please indicate how you found the online application process? *

☐ Easy

☐ Neutral

☐ Difficult

How many minutes in total did it take you to complete this application? *

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Please provide us with your suggestions for any improvements to the application process/form that you think we need to consider? *