

**Applications are welcome at any time but will be held for consideration three times each year.**  
**Closing dates and times: 4:30pm on the last day January, April and August.**

**ORGANISATION DETAILS:**

Name of organisation/community group: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

ABN: \_\_\_\_\_

**ELIGIBILITY:**

In relation to your organisation/community group:

(please tick)

Is it registered for GST?

☐ Yes

☐ No

Is it community-based and non-for-profit?

☐ Yes

☐ No

Is it based in or affiliated with the Coonamble Local Government Area?

☐ Yes

☐ No

Has it received any previous donation under the Donations Policy?

☐ Yes

☐ No

**PURPOSE:**

Describe, in some detail, what your organisation proposes to do with the requested donation.

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What are the outcomes/outputs you are hoping to achieve from your project/activity?

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How will these outcomes/outputs benefit the people of the Coonamble Local Government Area?

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Who—and how many people—do you foresee benefiting from your project/activity both directly and indirectly?

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**FINANCIAL CONSIDERATIONS:**

What is the amount of the donation you are requesting? \$ \_\_\_\_\_

If you do not receive the full amount requested, will you still be able to complete your project/activity by the end of the current financial year? If not, what alternative course of action have you planned?

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If applicable, does your requested amount include the value of general-purpose rates? ☐ Yes ☐ No  
(If applying for a donation of the value of your organisation's rates, please attach a copy of the last Assessment Notice.)

**Financial Statements:** Please include a copy of your organisation's most recent financial statements.

**Sign and Date:** \_\_\_\_\_ / /  
(Chairperson, Secretary or Treasurer's signature + date)

Please return to:

**By Post:** The General Manager  
Coonamble Shire Council  
PO Box 249  
COONAMBLE NSW 2829  
(02) 6822 1626  
**By Fax:**  
**By Email:** [council@coonambleshire.nsw.gov.au](mailto:council@coonambleshire.nsw.gov.au)  
**By Hand:** 80 Castlereagh Street, Coonamble

For further information regarding the Application Process please contact Council on 02 6827 1900 or email [council@coonambleshire.nsw.gov.au](mailto:council@coonambleshire.nsw.gov.au).