

Maldon & District Partnership Application Form

Form Preview

Eligibility

* indicates a required field

Before you begin

Please read the [community partnership program guidelines](#) before completing the application form.

You must submit your completed application by the closing date.

Please contact us (refer details at the bottom of this webpage) if you have any questions about the eligibility criteria.

Confirmation of eligibility

I confirm that:

- I have read and understand the program guidelines
- I can demonstrate alignment between the project and the aims of this program (refer to the [community partnership program guidelines](#))
- we are an eligible incorporated company or not-for-profit organisation
- I can provide a valid ABN or have an eligible project partner that meets these requirements
- I have a valid Australian bank account
- the project will be delivered and will benefit the local area

The project does not:

- claim retrospective funding for costs already incurred
- attempt to change the law/direct political donations
- break any laws
- operate purely for commercial gain
- involve gambling
- 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
- 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 or review the program for more information.

Maldon & District Partnership Application Form

Form Preview

Information you'll need to attach to your application

- Before you begin, save any supporting documents to your desktop. You can find details about required documents in the [community partnership program guidelines](#).
- If you are not an eligible entity (see eligibility criteria above), you'll need to provide a letter of support and financials from a project partner with a valid ABN.
- Depending on the amount you're requesting, you may also need to demonstrate your ability to deliver the project on time and within budget by providing items such as:
 - project costings and quotes
 - financials for your organisation/project partner
 - copies of permits, insurances and project designs
 - letters of support from other not-for-profit organisations
 - a project plan (if applicable)

Contact 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.

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.

Maldon & District Partnership Application Form

Form Preview

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

☐ Yes

☐ No

Secondary contact details

*

First Name

Last Name

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Organisation details

Organisation name *

Organisation Name

(ABN holders: please ensure your organisation name matches the Entity or a business name registered under the ABN)

Registered business name

Organisation ABN (please enter the number, not text)

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	

Maldon & District Partnership Application Form

Form Preview

Tax Concessions

Main business location

Must be an ABN.

Organisation address *

Address

Organisation Website

--

Must be a URL.

How many people receive services or benefit from your organisation each year? *

--

Must be a number.

How many volunteers contribute to your organisation? *

--

Must be a number.

Is your organisation an eligible entity? *

☐ Yes

☐ No

Non-eligible entities could include government entities, and those without an ABN. If you answer 'No' to this question, you will need to have a project partner who satisfies these requirements. **Refer to the program guidelines for more information.**

Do you/does your organisation bank with Community Bank Maldon & District? *

☐ Yes

☐ No

Previous funding

Has your organisation received funding from us in the last three years? *

☐ Yes

☐ No

Previous funding (this section is optional)

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.
	\$	

Maldon & District Partnership Application Form

Form Preview

Project partner details

As you are a non-eligible entity, you're required to include the details of a Project Partner who holds an ABN.

The following information relates specifically to the project partner.

Partner name *

Organisation Name

Registered business name *

Partner ABN *

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.

Primary address *

Address

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Maldon & District Partnership Application Form

Form Preview

Website

Must be a URL.

Letter of support from project partner *

Attach a file:

Letter will need to advise how Project Partner will contribute or add value, and support the applicant in the delivery of the project.

Project partner financial documentation *

Attach a file:

Please provide your project partner's financial statements and/or bank statements.

Project partner contact details

We may contact this person for additional information about this application.

Name *

First Name

Last Name

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Project details

* indicates a required field

Project name *

Please provide a short summary of your project *

What are the funds for and who will it benefit? Include your activities, and the outcomes you expect.

Start date *

Maldon & District Partnership Application Form

Form Preview

Must be a date.
(future dates only)

End date *

Must be a date.

Has the project already been delivered and/or funded? *

☐ No

☐ Yes

Location *

Address

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

Total project value *

Must be a dollar amount.
This may be more than your funding request.

Funding request *

Must be a dollar amount.

Does your funding request require multiple payments (eg. across multiple events, years or months) *

☐ Yes

☐ No

Please list requested payment amounts and approximate dates for a multi payment application.

Payment date

Payment amount

Must be a date.	Must be a dollar amount.
	\$
	\$

Objectives - who will benefit?

What do you aim to achieve through this project? *

Select up to 5 groups who'll benefit most from this project? *

Maldon & District Partnership Application Form

Form Preview

No more than 5 choices may be selected.

Approximately how many people will benefit? *

Must be a number.

This should be the number of people from the selected key groups, not the total population.

Explain why and how these groups will benefit *

Does your project benefit Aboriginal and/or Torres Strait islander communities or individuals? *

☐ Yes

☐ No

Will the project proceed if we cannot fund the full amount? Explain how the delivery of the project might be impacted by reduced funding? *

Focus areas

What is the primary area of focus for this project/program? *

No more than 1 choice may be selected.

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)

Community Bank values

Community Bank Maldon & District's Values:

Sustainability:

- We value long-term social, environmental and economic outcomes
- We balance history, learning and innovation
- We support wellbeing

Integrity

- We are honest, accountable, respectful, ethical and fair
- We are open, straight talking and embrace robust conversations
- We are inclusive and pursue equity

Connection

- We promote local decision making
- We honour our founders, members and clients
- We connect, collaborate and consult to support community needs

Maldon & District Partnership Application Form

Form Preview

Briefly describe how this event/proposal/project will be conducted in line with the bank's values of sustainability, integrity and connection. *

Project outcomes - what difference will your project make?

Outcomes are the changes you expect to occur for the key recipients of your project/ audience. These should align with the outcomes of this program (see guidelines for details).

What are your intended outcomes? *

No more than 1 choice may be selected.
If multiple apply, pick the most relevant.

How will your project achieve this intended outcome? *

Word count:

Community support

Does your project have community support? In particular, do the beneficiaries and/or geographic communities support the activities you are proposing?

☐ Yes

☐ No

Community support evidence

Provide evidence that this project has community support.

Please upload letters of support

Attach a file:

Capacity to deliver

Demonstrate that you have sufficient resources and capacity (e.g. money, staff, equipment, facilities) to complete this project within the proposed timeframe. Include similar past work with links to further explanatory material if relevant.

Describe your organisation's ability to complete the work described *

Delivery supporting documents (if applicable)

Attach a file:

Maldon & District Partnership Application Form

Form Preview

Additional supporting information

Are all required licences, permits and insurances 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

If your proposed project involves building or refurbishment, please upload the plans/designs.

Attach a file:

Do you want to share any files not already attached?

Attach a file:

More than one file can be uploaded. (e.g. additional letters of support from key community stakeholders, flyers, plans, financial information, evidence of other funding, etc)

Budget

* indicates a required field

Expenses

Please list the expenses for your project (materials, promotions, wages etc).

Click the "Add More" button to add rows.

Expense description	\$ Expected cost
	Must be a dollar amount.
	\$

Income

Please include any income items such other grants or your own contribution.

Any pending grants should be marked as **No** under **Confirmed**.

Click the "Add More" button to add rows.

Confirmed income from:	Provider:	Brief description:	Amount:	Confirmed
	e.g. council	e.g. grant	Must be a dollar amount.	
			\$	

In-kind support

Maldon & District Partnership Application Form

Form Preview

In-kind support includes anticipated materials, services and labour (calculated at an hourly rate multiplied by number of hours eg. \$45 an hour x 3 hours =\$135)

Income Type	Provider:	Brief description:	Value
	e.g. council	e.g. materials, labour, other grants	Must be a dollar amount.
			\$

Budget Check

Your funding request should equal your Expenses minus any Income i.e.

Funding request = Expenses - Income

Total expenses

\$

This number/amount is calculated.

- Income

\$

This number/amount is calculated.

- Funding request

\$

This number/amount is calculated.

= Balance (must equal zero)

\$

This number/amount is calculated.

In-kind support is not included.

BUDGET BALANCE DOES NOT EQUAL ZERO

Sorry, you don't have enough funds allocated to deliver your project or the income total is too high.

Go back to the tables above and check the following: **Funding request = Expenses - Income**

Hint: You may need to adjust the funding request amount you entered on page 1 of this application.

(If the balance has not calculated correctly, clicking into another field will refresh the form and the calculation, allowing you to submit.)

Form validation *

This question is read only.

Project quotes

Please upload quotes for this project, including any individual budget items that are greater than \$5,000

Maldon & District Partnership Application Form

Form Preview

Attach a file:

If you are applying for funding for wages, please attach a position description and relevant award.
If you have conducted this project/program before copies of receipts/invoices that substantiate this request from previous expenditure may be acceptable.

Financial documentation

Please provide financial statements and/or bank statements

Attach a file:

Financial documentation

Please provide a link to or attach a copy of your most recent annual report.

If you have not provided audited financials, please provide us with your most recent financial statements (may include a profit and loss statement, statement of financial performance and a balance sheet or statement of financial position).

Financial documentation

Attach a file:

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.

Which of the following best describes your target audience? *

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

Please outline opportunities for our involvement *

Maldon & District Partnership Application Form

Form Preview

Are there opportunities for Community Bank Maldon & District board or staff member/s to attend or participate in your event/proposal/project? (for example: speak to members, present awards, etc.)

Outline the opportunities to promote MDCB through this partnership? (Tick all that apply) *

- | | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> MDCB logo to feature on invitations, brochures, tickets, flyers, posters etc. | <input type="checkbox"/> Promote a bank video |
| <input type="checkbox"/> Promote our newsletter and socials to your members | <input type="checkbox"/> Permanent signage at your organisation's premises (MDCB will cover the costs of this) |
| <input type="checkbox"/> Display our banner, marquee or flags at the event or at your club rooms | <input type="checkbox"/> 'Like', comment & share MDCB's posts and ask your members to also do this |
| <input type="checkbox"/> Use of photographs of project for our marketing (including website & Facebook) | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Media release and photo opportunities | |

Marquees, banners and promotional signs 2 x marquees (3m x 3m), various banners including pull up banners, sponsorship foam cut outs, a selfie frame and novelty cheques are available free of charge to community groups. Please contact community@mdcb.com to organise borrowing these items.

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

- ☐ Yes ☐ No

Are you following Community Bank Maldon & District's social media accounts? *

- ☐ 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

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 request is approved, we will be required to accept the terms and conditions outlined in the partnership agreement.

Certification *

Maldon & District Partnership Application Form

Form Preview

☐ 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.

How did you find the online application process? *

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

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

Provide any suggestions for improvements/additions to the application process/form.