

Application for Sponsorship

**Thank you for your interest in working in partnership with Joblink Plus.**

Our purpose is to believe in and provide support to all people, connecting them to the dignity and fulfillment made possible through education and meaningful work.

Each activity, relationship we pursue and commitment we make at Joblink Plus is aligned to this purpose. We encourage you to keep this in mind as you complete the application.

The application template is a guide, providing you with information and options. However, some questions are marked with an asterisk: 🞸 These questions require a response. There are boxes for your responses – they will expand as you type.

When you are happy with your application, return in one of these ways:

**Email**  [communications@joblinkplus.com.au](mailto:communications@joblinkplus.com.au)

**In person** 490 Peel Street Tamworth NSW 2340

**Mail** Attention Joblink Plus Community Engagement Team

PO Box 1104

TAMWORTH NSW 2340

# APPLICANT

🞸 A brief description of the organisation:

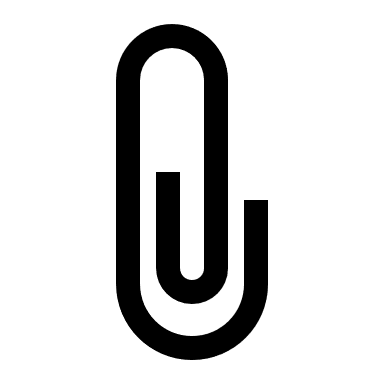
ABN:

Organisation Type: [check the box or type in ‘Other’ field]

Individual  Incorporated Association  Co-Operative

Unincorporated Association  Registered Aboriginal Organisation

Trust  Company limited by guarantee

Please attach a copy of your Certificate of Incorporation or any documentation confirming not for profit status.

Other: Click or tap here to enter text.

Address: Click or tap here to enter text.

🞸 Contact details Click or tap here to enter text.

🞸Background and history of the organisation including:

* Primary purpose
* Achievements so far
* Number of staff (if applicable)

# ACTIVITY DETAILS

🞸 What broad category applies to this application?

|  |  |  |
| --- | --- | --- |
| Arts & culture | Education/Training | Health & Wellbeing |
| Community Development | Environment | Community Safety |
| Sport & Recreation | Other: | |

🞸 Who is your application for? Which people in our community will benefit?

|  |  |  |  |
| --- | --- | --- | --- |
| People with Disability | | Children (up to 12 years) | Youth (13-25 years) |
| Older People (50 + Years) | | Families | Indigenous people |
| Economically disadvantaged | | | LGBTQI+ people |
| People from a Culturally & Linguistically Diverse background | | | Carers |
| Other: |  | | |

🞸 Where is the primary location for the event or project?

🞸 What are the key dates for the event or project?

## EVENT SPONSORSHIP

*If your sponsorship request does not relate to an event, please move to the next section.*

### ABOUT THE EVENT

Main purpose of the event

History (if applicable; if this is a one-off event or the first time holding it, leave blank)

Event Outline

Timing, performers, schedule etc

Anticipated attendance

# PROJECT OBJECTIVES

What will success look like for this project?

How will you know you have achieved success?

# GOVERNANCE

Is there a committee or group responsible for the event, program or project? If so, please indicate how many active contributors to the committee, and complete the table below. Area of responsibility might be, ‘Treasurer’ or ‘Marketing’ for example.

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| --- | --- | --- |
| **NAME** | **CONTACT PHONE** | **AREA OF RESPONSIBILITY** |
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# FINANCIALS

🞸 Total amount you are requesting:

🞸 Total expected cost of the project:

🞸 What is your primary source of funding now?

If you have an operating budget, what is it?

⬜ Less than $10,000

⬜ Between $10,000 and $50,000

⬜ Between $50,000 and $500,000

⬜ More than $500,000

Does your organisation intend to contribute financially to the project, either directly or in kind?

No Yes – detail to be provided in the operating budget below

Are you receiving or applying for funding from other sources?

No Yes – detail to be provided in the operating budget below

Use this space to provide a brief explanation or further information about financials if required:

## EXPENSES

Please provide a description of all expected costs.

*Examples include the printing and design of newsletters, refreshments for events, refurbishment materials or venue hire. ‘Funding source’ can be Joblink Plus, other organisation, or in kind. Use as many rows as required. The first row is completed as an example.*

|  |  |  |
| --- | --- | --- |
| Expense | Amount | Funding source |
| *Face painting* | *$250* | *Joblink Plus* |
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| **TOTAL** | **$** | |

# BENEFITS TO THE COMMUNITY

🞸 How does your project address local needs?

Please tell us about any consultation have you done with your community that confirms your project is needed.

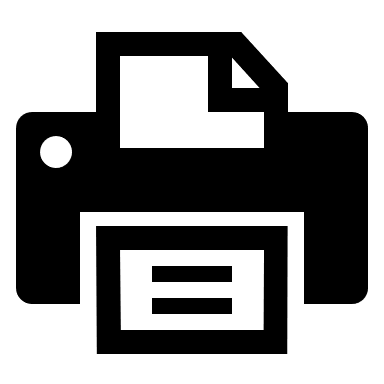
# RISK MANAGEMENT

🞸 What risks have you identified in your project planning and how will you address them?

# AUTHORISED OFFICER CONTACT DETAILS

This person is accountable for the use of funds relating to this application; e.g. head of organisation, committee officer, or other person authorised to represent the financial and legal interests of the organisation.

|  |  |
| --- | --- |
| Name (first and last) |  |
| Title or Role |  |
| Organisation |  |
| Street Address |  |
| Phone Number |  |
| Email Address |  |

**PRINT AND SIGN**

# AUTHORISATION

🞸  By placing a tick in this box, I confirm that I have read, understood and accepted the terms as provided in the guidelines and the below terms are agreed to.

1. I am the person named in this form as the person responsible for submitting the application.
2. I have been authorised by the Applicant named in this form to complete and submit this application.
3. I acknowledge the information provided to be true and correct.
4. I acknowledge Joblink Plus may rely on the completion of the authority below as conclusive evidence of that person’s authority to execute this agreement on behalf of the applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Name (first and last) |  | | |
| Title or Role |  | | |
| Organisation |  | | |
| Street Address |  | | |
| Phone Number |  | | |
| Email Address |  | | |
| Signature |  | Date |  |