

APPLICATION FOR SPONSORSHIP OR DONATION

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

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

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

The application form 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 built into the form that will expand as you type.

When you are happy with your application, return it to us in one of the below ways:



sponsorships@joblinkplus.com.au



Attention Sponsorships & Donations Committee 490 Peel Street, TAMWORTH NSW 2340



Attention Sponsorships & Donations Committee PO BOX 1104 TAMWORTH NSW 2340

If you have any questions, please call us on 6764 6666 and ask to speak with the Chair of the Committee or a member of the Communications Team.

ABOUT YOU (THE APPLICANT)

★ Please tell us about your organisation. You can include the background and history, number of staff or volunteers, what the primary purpose is and achievements so far.		
ABN:		
Organisat	cion Type: [check the box or type in the 'Other' field]	
☐ Individ	lual $\ \square$ Incorporated Association $\ \square$ Co-operative $\ \square$ Registered Charity	
☐ Uninco	orporated Association \square Registered Aboriginal Organisation \square Trust	
\square Other:	Click or tap here to enter text.	
	Please attach a copy of your Certificate of Incorporation if relevant, link to your ACNC listing, website, or other documentation that demonstrates your not-for-profit status.	

* What broad category is relevant to this application?				
nt				
☐ Community Development ☐ Employment ☐ Sport & Recreation				
□ Other:				
What are the key dates for the activity or project?				
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EVENT SPONSORSHIP
If your application does not relate to an event, please move to the next section (<u>ACTIVITY</u> <u>OBJECTIVES</u>).
ABOUT THE EVENT
Main purpose – what you want to achieve
History (if applicable; if this is a one-off or the first time, leave blank)
Timing, performers, schedule, ticket information
Anticipated attendance
Anything else we need to know?

ACTIVITY OBJECTIVES					
What will success look like for this activity, project or event?					
How will you know you have accommunity involvement, surve	hieved success? How will you mea y feedback, media coverage)	sure it? (for example ticket sales,			
GOVERNANCE					
Is there a committee or group responsible for the activity, project or event? If so, please give details below. Area of responsibility might be "Treasurer" or "Marketing" for example.					
NAME	CONTACT PHONE	AREA OF RESPONSIBILITY			

FINANCIALS
* Total amount you are requesting:
* Total expected cost:
* What is your primary source of funding now?
\square No other funding \square Government \square Private Business
☐ Other:
* Are you requesting sponsorship or donations from other organisations or participating in community fundraising for this event?
☐ Yes ☐ No
Details:
If you have an operating budget for this activity, what is it?
Note — we are not asking for the operating budget for your organisation.
Less than \$10,000
Between \$10,000 and \$50,000
☐ Between \$50,000 and \$500,000
☐ More than \$500,000
Will your organisation contribute financially to the activity, either directly or in kind?
\square No \square Yes – details to be provided below
Use this space to provide explanation or any further information about the financials if needed:

EXPENSES

Please provide a description of all expected costs.

Examples include printing and design, catering, supplies, venue hire. 'Funding Source' can be Joblink Plus, other organisation, or in kind. Use as many rows as required, and the first one is filled out as an example.

Expense Item	Funding Source	Amount
Face painting	Government grant	\$250
	TOTAL	\$

* How does the activity, project or event address local needs? Please tell us about any consultation you have done with your community that confirms your project is needed and wanted.

RISK MANAGEMENT	
* What risks have you identified in your planning, and how will you address them?	

AUTHORISED OFFICER DETAILS

This person is accountable for the use of funds relation 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	

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	(leave blank if emailing)	Date	