

2018/19 Community Donations Application

Lodge Applications at Ballina Shire Council - 40 Cherry Street - Ballina (Mon -Fri 8.15am to 4.30pm)
mail PO Box 450 Ballina 2478 • **e** council@ballina.nsw.gov.au • **t** 1300 864 444
w ballina.nsw.gov.au • **abn** 53 929 887 369



All applications received will be acknowledged in writing by Council.
 A committee of Council will consider all requests following the adoption of the 2018/19 budget at the June 2018 Council Meeting.
 Applicants will be notified once a decision is made in late July/August 2018.

Applications close: Friday 8 June 2018

Guidelines for Approval of Council Donations

Council donations generally do not apply to individuals however in certain circumstances donations may be provided. Refer to Council's website for the following donation related policy:

[Donations - Financial Assistance Policy](#)

In allocating funds Council will give consideration to the nature of the works, the proposed beneficiaries, recent donations to each applicant, alternative funding sources and equity of support across the local government area.

Organisation / Contact Details

Name of Organisation
 Ballina Breast Cancer Support Group and General Cancer Support Group

Postal Address
 130 Johnson Street, Byron Bay NSW 2481

Primary Purpose and Activities of Organisation
 Volunteer run cancer support groups, supporting the Ballina Shire Community

President	Treasurer	Secretary

Contact Person for Application	Phone	Mobile Phone
Kate McBride	02 6639 1300	

Email	No. Members
kate.mcbride@nswcc.org.au	15

Is the Group / Organisation GST Registered? Yes No Exempt If yes provide ABN Number

Is the Group / Organisation Not-for-Profit? Yes No

Is the Group / Organisation Incorporated? Yes No

Privacy Protection Notice

The completed Community Donations application contains personal information which is being collected for the purpose of processing the application. Provision of the information is voluntary, however, if insufficient information is provided, Council will be unable to process the application. The information will be processed by the General Manager's Group and may be made available to public enquiries under the Government Information (Public Access) Act 2009. The information will be stored in Council's electronic document management system.

10.3 Donations - Community and Sporting Groups.DOC

Summary of Application

Description of Project or Activity (how the donation would be spent, if provided, eg new roof, building a fence, paying for insurance etc)

Council donations will be spent on covering monthly room hire fees for both cancer support groups. Both groups utilise the Kentwell Community Centre once per month for 2 hour slots each. The groups are looking for financial support to enable them to continue delivering a vital community service.

Please provide details of how you arrived at the estimated total cost of works. Requests for amounts over \$1,000 require at least two written quotes to be provided as part of this application.

Quotation 1	Kentwell Community Centre, Yearly room hire for two groups	\$	1008
Quotation 2		\$	
Quotation 3		\$	
Comment	Cost of room hire quoted at \$21 p/h. Groups utilise total of 4 hours each a month \$21 x 4 = \$84 per month. \$84 x 12 = \$1008		

Estimated total cost of project \$ 1008

Amount sought from Council \$ 1008

Copies of quotes must be attached to application

Benefits of the Project to the Community

Please describe why you believe community funds should be applied to your project. Information should include the people/sections of the community that will benefit from the project or activity.

Both cancer groups are volunteer run, established to support Ballina Shire cancer patients with supportive care during their treatment and recovery. The groups provide a safe place where people affected by cancer are able to receive support, feel less isolated, feel heard and develop connections.

Finances

Briefly describe why you need financial assistance from Council ie. what financial resources are available to you and why are they not sufficient to pay for this project.

The groups are volunteer run and have no means of financial support

Financial Information - Community Donation Assessment

This information is being collected to enable Council to assess the financial circumstances of the applicant. The information will only be used for the purposes of this assessment. The form is split into two sections.

Section 1 asks for information in respect to the finances for organisations.

Section 2 seeks information in respect to a particular project or event and is required to be completed by both organisations and individuals.

Section 1 Financial Information (Organisations)

What funds do you have in the bank/invested?
(funds invested include money at call in the bank, on a term deposit or any other style of investment) \$

Details of any property owned either in whole or part

Details of any other assets owned with an estimated value over \$2,000 (eg motor vehicle)

Income received last financial year \$ Expenses incurred last financial year \$

Estimated income this financial year \$ Estimated expenses this financial year \$

Comment

Section 2 Project Finances (Organisations & Individuals)

What is the estimated cost to run the event or complete the project? \$

Details of Proposed Funding Sources

Council Donation \$

Own Funds \$

Other \$

Total \$

Briefly describe the expenses you expect to incur

From \$

From \$

From \$

If income exceeds expense what will happen to the excess funds?

Applicant's Signatures

Name (print)

Name (print)

Position

Position

Signature

Date

Signature

Date

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Organisation / Contact Details

Name of Organisation

NORTHERN RIVERS BRANCH OF UFFESSES CLUB INC.

Postal Address

of- RON GAUDRON 52 NEILSON STREET EAST LESTER N.S.W. 2480

Primary Purpose and Activities of Organisation

SOCIAL CLUB FOR OVER 40 YEAR OLD MOTORCYCLIST

President

RON GAUDRON

Treasurer

RICHARD BLAXLAND

Secretary

ELIZABETH AMOS

Contact Person for Application

RON GAUDRON

Phone

02 66 22 5669

Mobile Phone

0418 198 363

Email

rjg@aapt.net.au

No. Members

Is the Group / Organisation GST Registered?

Yes No Exempt

If yes provide ABN Number

Is the Group / Organisation Not-for-Profit?

Yes No

Is the Group / Organisation Incorporated?

Yes No

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Summary of Application

Description of Project or Activity (how the donation would be spent, if provided, eg new roof, building a fence, paying for insurance etc)

TO CONDUCT THE NORTHERN RIVERS MOTORCYCLE TOY RUN TO COLLECT TOYS AND RAISE FUNDS FOR OUR KIDS.
THE DONATION WILL BE USED TO PAY FOR TRAFFIC CONTROL SERVICES AT THE PACIFIC HIGHWAY ROUNDABOUT.

Please provide details of how you arrived at the estimated total cost of works. Requests for amounts over \$1,000 require at least two written quotes to be provided as part of this application.

Quotation 1	P.O. Box 5011 Traffic Control Services Pty Ltd. Ballina 2478	\$ \$850-00
Quotation 2		\$
Quotation 3		\$
Comment		

Estimated total cost of project \$ **\$850-00**

Amount sought from Council \$ **\$850-00**

Copies of quotes must be attached to application

Benefits of the Project to the Community

Please describe why you believe community funds should be applied to your project. Information should include the people/sections of the community that will benefit from the project or activity.

THE TOY RUN COLLECTS TOYS + DONATION FOR OUR KIDS. ALL TOYS AND DONATIONS GO TO OUR KIDS AND THEIR BENEFICIARIES.
WITHOUT THIS DONATION FROM THE COMMUNITY FUNDS WE WOULD NOT BE ABLE TO DONATE ALL THE FUNDS RAISED.

Finances

Briefly describe why you need financial assistance from Council ie. what financial resources are available to you and why are they not sufficient to pay for this project.

THIS DONATION WILL BE USED TO PAY FOR TRAFFIC CONTROL SERVICES. THAT WILL ALLOW THE TOY RUN TO PROCEED.

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Estimated income this financial year \$ Estimated expenses this financial year \$

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Section 2 Project Finances (Organisations & Individuals)

What is the estimated cost to run the event or complete the project? \$

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Signature Date

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Signature Date