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 2019/20 budget at the June 2019 Council Meeting. Applicants will be notified once a decision is made in late July/August 2019.



Applications close: Friday 7 June 2019

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 RSL LIGHT	House	DA:	4 CLUB	
Postal Address				
\$ PO BOX 439 BA	UNA	NSU	N 2478	
Primary Purpose and Activities of Organisation				
SOCIAL GATHERING FO	5R 58	NIOR	CMZEN	S SOCIAMY ISOLATED.
President	reasurer			Secretary
MARY O'BRIEN	GAIL	STOT	TER	LORRAINE FOX
Contact Person for Application		Phone		Mobile Phone
MARY O'BRIEN		668	62249	0433 120 260
Email				No. Members
maja546 @ bigpon	d.com		<i></i>	115
Is the Group / Organisation GST Registered?	Yes	□M0	Exempt	If yes provide ABN Number
Is the Group / Organisation Not-for-Profit?	Yes	☐ No		
Is the Group / Organisation Incorporated?	Yes	Ū∕No		
		4.		

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.

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Page 1 of 3

Rescription of Project or Activity (how the donation would be spent, if provided, eg new root, building a fence, paying for insurance etc) TO ASSIST WITH PAYMENT OF THE RICHMOND ROOM HIRE FEES ENERGY THURSDAY BETWEEN TAM AND 2PM, WE HAVE BEEN USING THE FACILITY FOR 19 YEARS. Rease provide details of how you arrived at the estimated total cost of works. Requests for amounts over \$1,000 require at least two written obtes to be provided as part of this application. Usutation 1 Substituted total cost of project \$		
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stimated total cost of project \$ Amount sought from Council \$ 1920 — Copies of quotes must be attached to application Senefits 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.	HIRE FEES EVERY THURSDAY BETWEEN THE HAVE BEEN USING THE FACILITY FOR	TAM AND 2PM,
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Briefly describe why you need financial assistance from Council ie, what financial resources are available to you and why are they not sufficient to say for this project.	Finances	
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118/19 Community Donations Program Application Form Page 2 of 3	100 01	
	D18/19 Community Donations Program Application Form	Page 2 of 3

Financial Information - Community Do	nation Assessment
This information is being collected to enable used for the purposes of this assessment. The	Council to assess the financial circumstances of the applicant. The information will only form is split into two sections.
Section 1 asks for information in respect to the	
·	a particular project or event and is required to be completed by both organisations a
individuals.	
Section 1 Financial Information (Orga	nisations)
What funds do you have in the bank/invested?	
•	ink, 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 est	timated value over \$2,000 (eg motor vehicle)
P,	
Income received last financial year \$	Expenses incurred last financial year \$
Estimated income this financial year \$	Estimated expenses this financial year \$
Comment	
Comment	
Section 2 Project Finances (Organisat	ions & Individuals)
What is the estimated cost to run the event or	complete the project? \$ 7875
Filat is the confined cost to fair the croit of	
Details of Proposed Funding Sources	Council Donation \$ 1920 —
	Own Funds & 6450
	Own Funds \$ 6480 6075 —
	Own Funds \$ 6460
Briefly describe the expenses you expect t	Other \$
	Other \$ Total \$
	Other \$
From	Other \$ Total \$
From	Other s Total s o incur
From From	Other \$ Total \$ o incur
From From	Other \$
From From	Other \$ Total \$ o incur
From From If income exceeds expense what will happen	Other \$
From If income exceeds expense what will happen Applicant's Signatures	Other \$
From From If income exceeds expense what will happen Applicant's Signatures Name (print)	Other \$ Total \$ o incur to the excess funds?
From From If income exceeds expense what will happen Applicant's Signatures	Other \$
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From From If income exceeds expense what will happen Applicant's Signatures Name (print) MARY O'BRIEN Position	Other \$ Total \$ o incur Name (print) Position

2019/20 Community Donations Application

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In allocating funds Council will give consideration to the nature of the works, the proposed beneficiaries, recent donations to each appartmentative funding sources and equity of support across the local government area.	olicant,
Organisation / Contact Details	
Name of Organisation Commenty Social Court (Sewing)	
Postal Address	
17 Peppercorne Pare Battura 2478	
Primary Purpose and Activities of Organisation	
Social gathering of retired senior women of the Commit that provides social interaction friendship and Company total valke a woman's version of a "Mens Shed"	not
President Treasurer Secretary	
Contact Person for Application Phone Mobile Phone	
Di Wegener 0418206319.	
Email No. Member	ers
dineg 47 à quail. com	
Is the Group / Organisation GST Registered?	
Is the Group / Organisation Not-for-Profit?	
Is the Group / Organisation Incorporated?	
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On a	donation reques	brown Manager of led flow State	Community factions \$\frac{15}{aunvm}.
	details of how you arrived at the estimate ovided as part of this application.	ed total cost of works. Requests for amo	ounts over \$1,000 require at least two written
Quotation 1			\$
Quotation 2			\$
Quotation 3			\$
Comment		Λ	
	he Project to the Community		
	be why you believe community funds should include the people/sections of the commun		
	lia include the people/sections of the commun		
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Social Comments of the Comment	e why you need financial assistance from		vailable to you and why are they not sufficient to
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his information is being collected to enable Council to assess the fit sed for the purposes of this assessment. The form is split into two sec		The information will only be
ection 1 asks for information in respect to the finances for organisation		
ection 2 seeks information in respect to a particular project or edividuals.	event and is required to be completed	by both organisations and
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)	\$ 177-
Details of any property owned either in whole or part	any sales style of investmenty	
NIL.		
	2 (an matar vahiala)	
Details of any other assets owned with an estimated value over \$2,000	J (eg motor venicie)	
NIC		
ncome received last financial year \$ 385	Expenses incurred last financial year	\$ 385
Estimated income this financial year \$ 385	Estimated expenses this financial year	\$ 1100-
Comment		
Section 2 Project Finances (Organisations & Individuals)	Λ	
		• 1100
What is the estimated cost to run the event or complete the project?		\$ 1180 —
Details of Proposed Funding Sources Council	Donation \$ 75 —	
Ov	wn Funds \$ SBS —	
	Other \$	
	Total \$ \\OO	•
Briefly describe the expenses you expect to incur		
From Hire of Novillakes 4911		\$
From		\$
From		\$
If income exceeds expense what will happen to the excess funds?		
Applicant's Signatures		
Name (print)	Name (print)	
DIANNE WEGENER		
Position	Position	
CO-ORDINATOR OF GLOUP		
Signature Date	Signature	Date
D. Wegener 12/7 19		