Eligibility

* indicates a required field

Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

Confirmation of eligibility

I confirm that:

- I have read and understand the program guidelines
- I/the organisation can demonstrate how this proposal aligns with the aims of the sponsorship guidelines
- I have/the organisation has a valid Australian bank account
- I am/the organisation is a current Bendigo Bank customer, or willing to become a Bendigo Bank customer
- I do not have any other sponsors who are financial institutions. This includes banks, brokers, insurance providers etc
- I/we have the capacity to deliver this sponsorship.
- the sponsorship will benefit the sponsor and is delivered within and benefits the local area

The sponsorship will not:

- attempt to change the law or direct political donations
- conflict with our organisation's values and objectives
- break any laws
- attempt to claim retrospective funding paying for costs already incurred
- Involve gambling
- denigrate, 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
- take place solely outside Australia
- contribute to modern slavery

I confirm	that all statements	above are	true and	correct *
Yes			\bigcirc No	

Sorry, you are not eligible for the program. Please review our guidelines for more information.

Sponsorship 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. Please 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 addr	ess.	
Are you applying	to be spensored	ac an individual? *
○ No	to be sponsored	as an individual? * O Yes
		9
Organisation de	etails	
_		
Organisation *		
Organisation Name		
Danistana dibassina	.	
Registered busine	ess name *	
ABN (if applicable)	

	ll be used to look up the entered the ABN correct		Click Lookup above to
Information from the A	ustralian Business Registe	r	
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax ((GST)		
DGR Endorsed			
ATO Charity Type	More inform	ation_	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
Organisation's web	ncito		
organisation's web	Site		
Must be a URL.			
Address * Address			
Addiess			
Phone number *			
Must be an Australian p	hone number.		
- 11 (16 1166			
Email (if different t	co above)		
Must be an email addre			
Must be an email addre	55.		
Do you want to inc ○ Yes	lude a secondary con	tact to this application of the No	on? *
Secondary conta	act		
First Name	Last Name		

Phone

Must be an Australian phone number.	
Email	
Must be an email address.	
Bank relationship	
Do you / does your organisation bank w ○ Yes	rith us? ○ No
Are you willing to transfer your banking ○ Yes	g relationship? * O No
Sponsorship proposal	
* indicates a required field	
Name of sponsorship *	
Briefly describe your sponsorship *	
Start date *	
Must be a date.	
Must demonstrate adequate lead time to for the	sponsorship to be effectively activated/leveraged
End date	
Must be a date.	
Location *	
Address	
Suburb/Town, State/Province, Postcode, and Cour	ntry are required

Sponsorship request excluding GST

Amount Requested (ex GST)

Must be a dollar amount. What is the total financial suppor	t you are requestir	ng in this applicat	tion?
f your application is successful and you are registered for GST, that amount will be added to your request upon receipt of a valid tax invoice. GST calculators are available online if you need assistance calculating the amount of your equest excluding GST.			
Split payments			
Does this sponsorship requ years or months) *		-	across multiple events,
) Yes		○ No	
Please list requested paymen application.	t amounts ex.GS	T and approxim	nate dates for a split payment
Payment Date		Payment amo	
Must be a date.		Must be a dollar	amount.
		\$	
		\$	
Previous funding Have you or your organisation received funding from us in the past? * No			
Click "Add More" or "+" to add more rows.			
What was/were your previously funded project/ s?		l you receive	What was the date of funding?
	Must be a dollar	amount.	Approximate month/year Must be a date.
	\$		
Licences and permits All required licences, permits and insurances are / will be in place * O Yes O No O Not applicable			
f your staff/volunteers are working with children, have they obtained a Working with Children Check? *			
) Yes	○ No		Not applicable

Financial statements

Please provide financial details about you annual report, audited financials, bank so Attach a file:		pplicable e.g. recent
More then one file can be uploaded		
Promotional opportunities		
* indicates a required field		
Please describe your promotional plan *		
Include any advertisements, media plans or propos Attachments are optional.	sed activities to promote	this sponsorship.
What are the primary areas of focus?		
No more than 5 choices may be selected. You can select items from any area of the list – all want to be more specific. In this question we want health), rather than the types of people it will affect	to know about the field of	of work (e.g. arts, sport,
Which of the following groups best desc ☐ Young couples and ☐ Empty nesters/ singles retirees ☐ Established families ☐ Direct business	ribes your target au ☐ Small to medium businesses ☐ Industry - rural	
Please outline opportunities for our invo	lvement *	
Eg. Speaking at events, permanent signage, namir	ng rights etc	
Are you prepared to acknowledge our subank? *	pport / raise brand	awareness of the
○ Yes	O No	
Do you have or do you plan to secure sp institution? *	onsorship from anot	ther financial services
○ Yes	○ No	
Are you following our Community Bank's	social media accou	nts? *

○ Yes	○ No		
Are you willing to add a contact from lists for social media, newsletters etc	our community bank to your distribution No		
Supporting documentation			
Please upload any additional documents, i necessary. You may also include a copy of			
Supporting documents Attach a file:			
Website			
Must be a URL.			
Certification and feedback			
* indicates a required field			
This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).			
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 sponsorship is approved, I/we will be required to accept the terms and conditions in the sponsorship agreement.			
Certification * O lagree			
Applicant feedback			
You are nearing the end of the application click the SUBMIT button please take a few	process. Before you review your application and moments to provide some feedback.		
Please indicate how you found the on ○ Easy ○ Neutral	lline application process? * O Difficult		
How many minutes in total did it take	e you to complete this application? *		

Please provide us with your suggestions for any improvements to the application process/form that you think we need to consider? *			