

Prior to complete this form please refer to the Corporate Sponsorship Policy & Guidelines. Please note: funding is restricted to one source of funding from Council i.e. the applicant is not eligible for sponsorship if, for example, the applicant has received funding via another funding source of Council such as My Place Grants or Community Grants.

### PROJECT DETAILS

Project name

Date/duration of project

Brief description of the project

### PROJECT INFORMATION

YES NO

Has this project received (or expect to receive) funding (cash or in kind) from Council via any other source? (if so, please provide details)

Have you sourced funding (or expect to receive) from any other levels of government, organisation or business? (if so, please advise how this additional funding with complement existing funding)

Outline the expected level of community interest and/or significance of the event/initiative (include any statistics you may have).

How does your project relate to the Maitland +10 Community Strategic Plan? (please specify)

How is the project relevant to the city and/or community?

Will your project attract visitors from out of the Maitland Local Government Area? (if so, please specify how many)

SPONSORSHIP AMOUNT	
Amount of cash requested	\$ _____ (including GST)
In kind support <i>Please provide details of in kind support requested.</i>	
What will Maitland City Council receive for this amount? <i>Please attached any relevant documentation.</i>	
How will you measure success of the project?	
What outcomes are you looking to receive?	

ORGANISATION DETAILS	
Are you applying on behalf of a (please tick one)	
Individual <input type="checkbox"/>	Business <input type="checkbox"/>
Community Group <input type="checkbox"/>	Not for Profit <input type="checkbox"/>
Name	
Australian Business Number(ABN)	
Are you registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a not for profit organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please information your Certificate of Incorporation

CONTACT DETAILS			
Name		Position	
Phone		Mobile	
Address			
Email			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Submit application forms to [sponsorship@maitland.nsw.gov.au](mailto:sponsorship@maitland.nsw.gov.au) or address your correspondence Maitland City Council, PO Box 220, Maitland NSW 2320

**Disclaimer:** All applicants must be operating with the appropriate approvals and insurances. Insurances may need to be sited to process your application. Information you provide on this form will be collected, used and stored for the sole purpose of this sponsorship request.

