

## RAY WHITE WHITSUNDAY

## **COMMUNITY SUPPORT PROGRAM**

## **APPLICATION FORM**

Ray White Whitsunday's Community Support Program is designed to provide financial, in-kind or other support to local groups and organisations for the benefit and wellbeing of the local community.

Applications can be submitted throughout the financial year; however, should be submitted at least **5 weeks prior** to an event / project commencing.

Ray White Whitsunday's Community Support Program is open to community-based projects, not-for-profit and educational organisations, and sporting clubs (applications from individuals will not be considered). Recognition of Ray White Whitsunday's support must be outlined, and evidence provided post-event if application is successful.

BACKGROUND INFORMATION	N		
Postal Address		P/code	
Name of primary contact			
Email		_Telephone	
Web Address			
Position held within organisation	n		
Title of event/project			
Amount requested			
EVENT/PROJECT INFORMATI	ION		
Type of event/project; please tick	the relevant category	/categories	
Health and welfare		Education	
Art, music and cultural activities		Community events	
Environmental initiatives		Other	
APPLICATION GROUP / ORGA	NISATION		
Please provide a brief description	n of your organisatio	n, including its main o	bjectives:

Has your organisation received any sponsorship / donations from Ray White Whitsunday previously?					
	YES			NO	
If yes, provide details of ways in which recent funding allocations were utilised:					ilised:
If Ray White White funding was provide	, .	oonsored your (	event/proje	ct in the past,	please tell us when
	YEAR/S:			_	
IMPORTANT: Please enclose all promotional / other material recognising Ray White Whitsunday's support of your previous event / project with this application. Applications for further funding of previously supported events / projects will not be considered if material is not provided.					

EVENT / PROJECT PROPOSAL	
Title of the event / project	
Please provide a brief description of your proposed event or project, including aims a objectives.	and
Please identify the expected outcomes of your event / project, including potential be the Whitsundays region.	nefits fo
Please outline your proposed timelines, including commencement and completion dayour event / project.	ates of

Please outline the contribution of your group / organisation to the running project. Example, provision of in-kind support, provision of voluntary labour etc	
ACKNOWLEDGEMENT OF SPONSORSHIP	
Please indicate how you will recognise Ray White Whitsunday's support o pelow. Evidence of Ray White Whitsunday promotion must be provided po application is successful (e.g. photos, copies of advertisements, press articl	ost-event / project
Naming rights of event (e.g. Ray White Whitsunday Arts in the Park)	
Display of Ray White Whitsunday signage	
Recognition of Ray White Whitsunday support in media release / interview	ws $\square$
nclusion of Ray White Whitsunday logo in promotional material including	ŗ• •
event program	
<ul><li>online advertising</li><li>radio advertising</li></ul>	
television advertising	
newspaper / print advertising	
Jse / display of Ray White Whitsunday marquee	Yes / No

PROJECT BUD	OGET		
Please provide	a total budget breakdown for your ev	vent / project:	
	ITEMS	COST (\$)	
		_	
		_	
		_	
		_	
		_	
		_	
		_	
	roposed event / project	\$	
From the above White Whitsur	e budget, please list the item/s for whinday.	ich you are seeking funding from Ra	ЗУ
		_	
		_	
TOTAL AMOU	NT REQUESTED	\$	

## TO BE COMPLETED BY ALL APPLICANTS

CERTIFICATION BY APPLICANT GROUP / ORGANISATION				
I CERTIFY that the information given in this application is correct and that, if funding is approved, the accountability requirements and conditions of funding as outlined by Ray White Whitsunday will be complied with.				
This must be signed by the person (e.g. nominated group / organisation representative) taking responsibility on behalf of the applicant organisation.				
	Name (please print)		Signature	
	Position in organisation		Date	
SUBM	ISSION			
	ereturn the completed	l application to:		
Email:				
Fax:				
Posta	Postal Address: PO Box 850			
	Cannonvale QLI		02	
Street	Street Address: Shop 5, 16 Palum		Road Cannonvale QLD 4802	
CHEC	KLIST FOR ALL APPLI	CANTS		
Please check to ensure that the following has been done:				
	Organisational details required on pages 2 and 3 have been provided			
	Promotional material from previously supported event / project has been provided on page $3$			
	Type of event / project has been indicated on page 2			
	Proposal details have been completed			
	Budget details on page 6 have been completed			
	Certification on page 7 has been completed			