



DONATIONS POLICY

Kiama Municipal Council Application for Donation

1. Applicant/Organisation

Name of Organisation: _____

Address: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

2. Type of Donation

Financial Assistance

Amount requested: \$ _____
(Maximum \$250)

Details of how funds will be expended: _____

Is the Donation requested for:

a single event

OR

a number of related events

Please detail the frequency and nature of related events. (Note: All events listed must be completed in the current financial year).

Donations given to your Organisation by Council over the last three years:

Amount	Date	Purpose to Which Funds Put

Do you consent to Council evaluating how the funds were spent, if Council elects to do so?
YES/NO

3. Information Regarding the Organisation

What services or activities does your organisation provide to Kiama residents?

PRINCIPAL OBJECTIVES: Describe in broad terms the principal objective of your organisation.

4. Additional Information

Any additional information which you consider necessary.

5. How will your Organisation acknowledge the Council's Donations?
