



PO Box 1017
BROOME, WA 6725
info@broomemarkets.com.au
www.broomemarkets.com.au

BCSA Inc Community Donation

Application Form

Section One: Applicant Information

Name of Applicant _____

Street Address: _____

Postal Address: _____

Contact Person: _____ Position: _____

Telephone: _____ Mobile: _____

Email: _____

Incorporation Number: _____

ABN Number: _____

This applicant is (please tick all that apply)

- Non Government For Profit An Organisation
 Government Not for Profit An Individual

Goods and Services Tax (GST)

The Broome Community Stallholders Association will make allowances for Goods and Services Tax (GST) with the agreed grant upon receipt of the following information:

- Registered for GST
 Not registered for GST

Please Note: If your organisation is not registered for Goods and Services Tax (GST), only the approved grant amount will be provided.

About Your Organisation

How long has your group/organisation been established? ____ Years, ____ Months

Provide a brief history of your organisation, detailing your governance structure.

*Individuals please skip to Section Two and complete Auspice Information section.



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How does your organisation consult/engage the community, particularly the participants of the proposed project or activity?

Section Two: Auspice Information:

Please note: An auspice agreement is only required if the group or individual applying for funding are not part of an incorporated body. If you do not require an auspice organisation for this grant, please skip to section three.

Auspice Organisation Details

Organisation / Individual Name: _____

Contact Person: _____

Postal Address: _____

Telephone (Business Hours): _____

Email: _____

Further Information

Details of the individual / organization and summary of what the individual / organization do. Please include a brief history of the individual / organization.

Auspice Declaration:

I, _____ certify that _____
will auspice this
proposal and take legal and financial responsibility for the administration of any approved grant funds.

Full Name of Authorised Officer: _____



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Title of Authorised Officer: _____

Signature: _____ Date: _____

Section Three: Donation Request

Category of donation being applied for:

Amount requested: \$ _____

Briefly describe the project or activity for which funds are sought

Please list the desired outcomes of your proposed project or activity

How will this project/activity make a difference to the Broome community and improve the outcomes for the target group(s) identified? How will you measure the success?

How will you acknowledge the support provided by the Broome Community Stallholders Association?

Do you receive funds from other organisations? If so please detail from where and approximate annual funds received.



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Section Four : Declaration

I, _____,
state that the information provided in this application is, to the best of my knowledge, true and correct and I understand that any omission or false statement may result in the rejection of this application.

I agree that the Broome Community Stallholders Association, for the purpose of assessing this application may check any of my statements.

I understand that this is an application and may not necessarily result in funding approval. If this application is successful, I am aware that an annual progress and expenditure report is required before the following year's funding (if applicable) will be allocated.

Applicant's Full Name: _

Position in Organisation: _____

Signature: _____ **Date :** _____