



# Experience Eumundi Sponsorship Application

**Please bear in mind as you're completing your application:**

1. **Assistance** - If you have questions or need assistance, please contact us before the due date.
2. **Save as you go** - You can save and come back to this form at any time.
3. **Jotform only** - All applications must be submitted via this form online please.
4. **No printed versions** - Printed PDF or Word Document versions of this form will NOT be accepted.
5. **Uploads** - Please only upload documents in sections provided - other links within text fields to files or presentations will not be reviewed or accepted.
6. **Closing date** - We will accept applications via this form only from Monday 31st March 2025 until 5pm Monday 28th April 2025.

If you have any further questions, please reach out to [info@experienceeumundi.com.au](mailto:info@experienceeumundi.com.au).

## 1 of 6 - Contact details

**Primary contact role for association or not-for-profit: \***

- President  
 Secretary  
 Director  
 Other

**Primary contact full name \***

First Name

Last Name

**Primary contact email \***

example@example.com

**Primary contact mobile number \***

Please enter a valid phone number.

### Primary contact landline number

Please enter a valid phone number.

### Secondary contact full name

First Name

Last Name

### Secondary contact email

example@example.com

### Secondary contact phone

Please enter a valid phone number.

## 2 of 6 - Tell us about your project

### Is your project for and event or for the development, maintenance or improvement of land or buildings/permanent fixtures? \*

- Event
- Development & maintenance
- Improvement of land
- Buildings/permanent fixtures
- Other

### Which of the following Experience Eumundi objects will your project achieve? \*

- Community spirit and enjoyment
- Community amenities
- Community wellbeing and sustainability
- Charitable purposes
- Cultural purposes
- Historical purposes
- Benevolent purposes

**What is the suburb where your project or activity will take place? \***

**What is the suburbs postcode? \***

**What is the street address where your project or activity will take place? \***

**Name of the venue (if relevant)**

**Project/Event title \***

**Project start date \***

Month Day Year

**Project end date \***

Month Day Year

**Describe your project/event (what, where, who and how): \***

0/500

**Why do you think this project, activity or event will benefit the Eumundi community? \***

0/500

**How is it aligned with the above Experience Eumundi objectives? \***

0/500

**What are the objectives of your organisation? \***

0/500

**How does this project assist with fulfilling your objectives? \***

0/500

### 3 of 6 - Cost of project

**Have you applied for funding from Experience Eumundi in the past? \***

- Yes
- No

**Does your organisation have any overdue acquittals? \***

No

**What is the total cost of your project? \***

**What is the amount you are requesting from Experience Eumundi? \***

**Please list out your total expected income for this project:**

	Name of Income	\$ Expected Income \$
Experience Eumundi Funding	<input type="text"/>	<input type="text"/>
Other Sponsorships	<input type="text"/>	<input type="text"/>
Own Funds	<input type="text"/>	<input type="text"/>
Other Income 1	<input type="text"/>	<input type="text"/>
Other Income 2	<input type="text"/>	<input type="text"/>

**Please list out your total expected expenditure for this project:**

	Name of Expense	\$ Expected Expenditure \$
Expense 1	<input type="text"/>	<input type="text"/>
Expense 2	<input type="text"/>	<input type="text"/>
Expense 3	<input type="text"/>	<input type="text"/>
Expense 4	<input type="text"/>	<input type="text"/>
Expense 5	<input type="text"/>	<input type="text"/>
Expense 6	<input type="text"/>	<input type="text"/>

**Please list the items from your budget that you are requesting funding for \***

**Have you applied elsewhere to fund this project for the same amount? \***

- Yes  
 No

**If yes, where?**

**Is this request part of a co-funded application? \***

- Yes  
 No

**If yes, who are you co-funding with?**

**Is completing your initiative dependent on obtaining grant or sponsorship funding from another grant application? \***

- Yes  
 No

## 4 of 6 - Your organisation

**Are you a legal not-for-profit entity as defined by the ATO? \***

- Yes  
 No

**What year was your organisation established? \***

**Was your organisation incorporated less than 2 years ago? \***

- Yes  
 No

If your organisation has been incorporated for less than 2 years, you will need another community group to auspice you. This will not prevent both groups from making applications.

Does your organisation have an ABN? Please list below if so. \*

Please confirm your ABN is correct.

What is your ACNC registration or incorporate association number?

How many current members does your organisation have? \*

## 5 of 6 - Who will benefit?

How many volunteers will be directly involved in your project/event? \*

Please estimate how many people will directly benefit from this particular project, activity or event. \*

If there are any other organisations helping you to deliver this project/event, please give details of who they are and their contribution. \*

## 6 of 6 - Insurance

### Payment

Please authorise Experience Eumundi to create an invoice for payment: \*

Yes

Should your application be successful, sponsorship payment will be by electronic funds transfer to your nominated bank account.

**I am authorised by my group/organisation to complete this form and agree to the statements made in this application. \***

- Yes
- No

Submit

Print