#### Eligibility

\* indicates a required field

#### Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

#### Confirmation of eligibility

#### I confirm that:

- I have read and understand the program guidelines
- The organisation can demonstrate how this proposal aligns with the aims of the sponsorship guidelines
- The organisation has a valid Australian bank account
- The organisation is a current Bendigo Bank customer, or willing to become a Bendigo Bank customer
- We do not have any other sponsors who are financial institutions. This includes banks, brokers, insurance providers etc
- We have the capacity to deliver this sponsorship.
- The sponsorship will benefit the sponsor and is delivered within and benefits the local area

#### The sponsorship will not:

- attempt to change the law or direct political donations
- conflict with our organisation's values and objectives
- break any laws
- attempt to claim retrospective funding paying for costs already incurred
- Involve gambling
- denigrate, exclude or offend any part of the community
- encourage violence or involve the use of weapons
- mistreat, exploit or harm animals
- create environmental hazards
- present a danger to public health or safety
- take place solely outside Australia
- contribute to modern slavery

I confirm	that all statements above are	true and correct *
<ul><li>Yes</li></ul>		○ No

Sorry, you are not eligible for the program. Please review our guidelines for more information.

### Sponsorship details

\* indicates a required field

#### Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Please view our privacy statement, <a href="https://example.com/here">here</a>.

### Applicant details

*			
First Name	Last Name		
Position			
Phone number *			
Must be an Australian	phone number.		
Email *			
Lilian			
Must be an email addre	ess.		
program)	o be sponsored as a	an individual? (Not a	avallable for this
○ No		○ Yes	
This question is read or	nly.		
Organisation de	tails		
Overniesties *			
Organisation * Organisation Name			
J			
Registered busine	ss name *		

ABN (if applicable)			
Abit (ii applicable)			
The ABN provided will check that you have er		the following information. rectly.	Click Lookup above to
Information from the Aus	stralian Business Reg	ister	
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (G	ST)		
DGR Endorsed			
ATO Charity Type	More info	<u>ormation</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			ı
Organisation's webs  Must be a URL.  Address *			
Address			
Phone number *			
Must be an Australian pho	one number.		
Email (if different to	above)		
Must be an email address	S.		
Do you want to inclu	ido a cocondami e	ontact to this applicati	om2 *
○ Yes	ide a Secondary C	contact to this applicati	onr "
Secondary contac	t		
First Name	Last Name		

**Phone** 

Must be an Australian phone number.	
Email	
Markhan	
Must be an email address.	
Bank relationship	
Do you / does your organisation bank wi ○ Yes	th us?  ○ No
Are you willing to transfer your banking  ○ Yes	relationship? *  O No
Sponsorship proposal	
* indicates a required field	
Name of sponsorship *	
Briefly describe your sponsorship *	
, , , , ,	
Start date *	
Must be a date.  Must demonstrate adequate lead time to for the s	ponsorship to be effectively activated/leveraged
End date	
Must be a date.	
Location *	
Address	
Suburb/Town, State/Province, Postcode, and Count	try are required.

Sponsorship request excluding GST

**Amount Requested (ex GST)** 

Licences and permits  All required licences, perm  Yes	Must be a dollar a  \$  No No		Must be a date.
		mount.	
s?		mount.	
s?	Must be a dollar a	mount.	
s?			Approximate month/year
What was/were your previously funded project/		you receive	What was the date of funding?
Click "Add More" or "+" to add	d more rows.		
Have you or your organisatory Yes		nding from u O No	s in the past? *
Previous funding			
	9		
Must be a date.	<u> </u>	Must be a dollar	amount.
Payment Date			ount (ex GST)
Please list requested payment application.	t amounts ex.GST	and approxim	ate dates for a split payment
Does this sponsorship requ years or months) * ○ Yes		nts (ie. split	across multiple events,
Split payments			
GST calculators are available request excluding GST.	online if you need	l assistance ca	lculating the amount of your
your request upon receipt of a	a valid tax invoice		T, that amount will be added to
If your application is successfu			
Must be a dollar amount. What is the total financial support  If your application is successfu	t you are requesting	g in this applicat	tion?

### Financial statements

Please provide financial details about yo annual report, audited financials, bank s Attach a file:	
More then one file can be uploaded	
Promotional opportunities	
* indicates a required field	
Please describe your promotional plan *	
Include any advertisements, media plans or propos Attachments are optional.	sed activities to promote this sponsorship.
What are the primary areas of focus?	
No more than 5 choices may be selected. You can select items from any area of the list – all want to be more specific. In this question we want health), rather than the types of people it will affect	
Which of the following groups best described and □ Empty nesters/ singles retirees □ Established families □ Direct business	ribes your target audience? *  Small to medium   Other businesses Industry - rural
Please outline opportunities for our invo	Ivement *
Eg. Speaking at events, permanent signage, namir	ng rights etc
Are you prepared to acknowledge our subank? *	pport / raise brand awareness of the
○ Yes	○ No
institution? *	onsorship from another financial services
○ Yes	○ No
Are you following our Community Bank's	social media accounts? *

○ Yes	○ No	
Are you willing to add a contact from our lists for social media, newsletters etc. *  Yes	r community bank to your distribution  O No	
Supporting documentation		
Please upload any additional documents, info necessary. You may also include a copy of you		
Supporting documents Attach a file:		
Website		
Must be a URL.		
Certification and feedback		
* indicates a required field		
This section must be completed by an approp the applicant organisation (may be different t application form).		
I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if this sponsorship is approved, I/we will be required to accept the terms and conditions in the sponsorship agreement.		
Certification *  O I agree		
Applicant feedback		
You are nearing the end of the application proclick the SUBMIT button please take a few mo		
Please indicate how you found the online  ○ Easy ○ Neutral	e application process? *  O Difficult	
How many minutes in total did it take yo	u to complete this application? *	

Please provide us with your suggestions for any improvements to the application process/form that you think we need to consider? *		
process, rorm that you think the freed to consider.		