



Whyalla City Council



Donation Application Form

Return completed form to Community Services Department –

Corporation of the City of Whyalla

PO Box 126

WHYALLA SA 5600

Phone: 8640 3444

Email: council@whyalla.sa.gov.au

Fax: 8645 0155

Applicant Information

Group / Organisation Details		
Name of Organisation:		
Postal Address:		
Contact Person:		
Position in organisation:		
Email:		
Phone:		
Has your organisation:		
Received support from Council within the last 2 years (financial or in-kind)	Yes <input type="checkbox"/> <i>If yes, provide details below</i>	No <input type="checkbox"/>
When (month & year)		
Amount received	\$	

Summary of Project

Project / Activity Details	
Name of Project / Event:	
Date(s) of Project / Event:	
Location:	
Total Cost of Project / Event:	\$
Amount of funding requested (up to \$500):	\$

Please describe the project for which funds are sought

Agreement and Declaration

<input type="checkbox"/>	<ul style="list-style-type: none">I acknowledge that I am authorised to make this application on behalf of the Organisation.
<input type="checkbox"/>	<ul style="list-style-type: none">I acknowledge that the information provided in this application is true and correct.
<input type="checkbox"/>	<ul style="list-style-type: none">I acknowledge that final decisions on all applications are at the discretion of Whyalla City Council.
<input type="checkbox"/>	<ul style="list-style-type: none">I acknowledge that the Whyalla City Council cannot guarantee funding for any application, and cannot guarantee funding to the full amount requested by any applicant.
<input type="checkbox"/>	<ul style="list-style-type: none">I acknowledge that the City of Whyalla's support of the project will be acknowledged in any media coverage or promotional activities.
<input type="checkbox"/>	<ul style="list-style-type: none">I acknowledge that the grant must be spend on the agreed project only and that any unspent funds will be returned to Council.

Signature:

Print Name:

Date:



ABN 44 753 313 06

**CORPORATION OF THE CITY OF WHYALLA
Electronic Funds Transfer (EFT)**

APPLICATION FOR PAYMENT BY DIRECT CREDIT SYSTEM

CREDITOR DETAILS (please print clearly)

Trading Name _____
ABN (11 digits) _____ GST Registered? Yes / No
Address _____

Contact Name _____
Phone No. _____
Fax No. _____
Order Email Address _____
Trading Terms _____

BANK DETAILS (Please advise of any changes in banking, or other details)

Bank and Branch _____
Bank Account Name _____
BSB or Branch Number (6 digits) _____
Account No. (Up to 9 digits) _____
Remittance Email Address _____

I/We agree to have payment due to us to be paid by way of direct credit to the above bank account for goods and/or services supplied to The Corporation of the City of Whyalla.

AUTHORISATION

Signature _____ Title/Position _____
Name _____ Date _____

Please note these details are required if your application is successful and will expedite the payment process.