

Donation Application Form - Round 2 2024

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the Veolia Mulwaree Trust [Donation Program guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this donation. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable donation.

If you have any questions in regards to these eligibility criteria, please contact the Veolia Mulwaree Trust office on **(02) 48222786** or via email on **vmt@veolia.com**

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- has not received **any** funding from the Veolia Mulwaree Trust in the current financial year.
- has not submitted a grant application in this funding round
- has the appropriate type and level of insurance for the project that is the subject of this donation
- Is applying for a project located within at least one of the seven local government areas serviced by the Veolia Mulwaree Trust:

Local Government Area *

Goulburn Mulwaree Upper Lachlan Former Palerang Wingecarribee Shoalhaven Oberon Wollondilly

Your organisation and project must be located within one of these local government areas to be eligible to apply to the Veolia Mulwaree Trust

I confirm that all statements above are true and correct *

Yes

No

Part A: Organisation Details

* indicates a required field

Organisation Details

Name of Organisation *

Organisation Name

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Please use the organisation's full legal name which matches the ABN provided below, or the name listed in official documentation such as that with the ABR, ACNC or ATO.

Organisation's primary address

Address

Organisation's postal address

Address

Please provide an accurate postal address. Correspondence will be delivered to this postal address.

Organisation's phone number *

Must be an Australian phone number.

Organisation's email address *

Must be an email address.

Organisation's website (if applicable)

Must be a URL.

Briefly describe your organisation and your organisation's purpose or mission. *

Describe purpose, brief history and numbers of members/participants etc

Organisation's ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type

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Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

If the organisation does not have an ABN, proof of the organisation's legal status must be attached

Upload files

Attach a file:

For example, the organisation's Certificate of Incorporation. Please note: Government agencies including schools and rural fire brigades do not require evidence of legal status. If an ABN or evidence of incorporation is not supplied the application will be ineligible. jpg or PDF format only.

Application Contact

Primary contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this application.

Position held in organisation *

e.g., Manager, Board Member, Treasurer etc

Phone number *

Must be an Australian phone number.

Must be a different phone number to the Head of Organisation (below).

Email address *

This is the email address we will use to correspond with you about this application. Must be a different email to the Head of Organisation (below).

Head of Organisation

Head of Organisation

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Position in Organisation

For example, General Manager, Principal, President

Phone Number

Must be an Australian phone number.

Must be a different phone number to application contact

Email Address

Must be an email address.

Must be a different email address to application contact

Has your organisation previously applied to the Trust for funding (either successfully or unsuccessfully)? Please provide details. *

Please include previous application reference numbers if available. Organisations or project sites which have received funding from the Veolia Mulwaree Trust in the previous 12 months may be ineligible to apply. Please check with the Veolia Mulwaree Trust office if unsure before applying.

Part B: Project Details

* indicates a required field

Project title: *

Provide a name for your project. Your title should be short but descriptive

Please provide a short summary of the project *

Word count:

Must be no more than 200 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries) and what you will do (i.e. the activities you will perform).

Location of Project *

Provide full address of project site. Project must be located within one of the 7 local government areas serviced by the Veolia Mulwaree Trust to be eligible.

About the project

What is the need and how will you address it? *

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Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek.

What are the expected outcomes of the project? *

Describe the things you want the project to achieve in terms of benefits for the community. Include information about who will benefit from the donation.

Total Donation Requested *

Must be a dollar amount and no more than 1000.
Maximum donation request is \$1,000. The Board may fund a limited number of organisations above \$1,000 at its discretion.

Part C: Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this 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 the applicant organisation is approved for this donation, we will be required to accept the terms and conditions of the donation in the letter of offer.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be the head of the organisation, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

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Contact email *

Must be an email address.