

# Donation Application Form - Round 2 2026

## 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 grant. It is important that you complete these questions before any others to ensure you do not waste your time applying if ineligible.

If you have any questions in regards to the eligibility criteria, please contact the Veolia Mulwaree Trust office on **(02) 4822 2786** or via email on **vmt@veolia.com**

### Confirmation of Eligibility

**I confirm that the applicant ...**

- has read and understands the program guidelines
- does not have a current grant-funded project which has not been fully acquitted.
- 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

The project must be located within 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

Applicant Organisation Details

**Name of Organisation \***

Organisation Name

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

### Organisation primary address

Address

  

### Organisation postal address

Address

  

Must be an address with a mailbox to receive correspondence

### Organisation phone number \*

Must be an Australian phone number.

### Organisation email address \*

Must be an email address.

### Organisation website

Must be a URL.

### Briefly describe your organisation and its purpose or mission. \*

Word count:

Must be no more than 100 words.

Briefly describe the organisation's history, purpose in the community, activities 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

Must be an ABN.

## Organisations without an ABN

If the organisation does not have an ABN, proof of the organisation's legal status must be provided and a completed [Statement by a Supplier](#) Form attached.

### Upload NSW Incorporated Association Certificate

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.

### Upload Statement by a Supplier Form

Attach a file:

A Statement by a Supplier Form is available from the Australian Taxation Office website and must be provided by an organisation which does not have an ABN.

## Application Contact

### Primary contact \*

Title First Name Last Name

  

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

### Position held in organisation \*

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

### Phone number \*

Must be an Australian phone number.

### Email address \*

This is the address we will use to correspond with you about this grant.

## Head of Organisation

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### Head of Organisation

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

### 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 the application contact

## Previous Veolia Mulwaree Trust Funding

### Has your organisation previously applied to the Trust for funding (either successfully or unsuccessfully)? \*

Yes  No

### Please provide details of your previous applications for funding. \*

Please include previous application reference numbers if available. Organisations or project sites which have received funding from the Veolia Mulwaree Trust in the current financial year 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: \*

Must be no more than 60 characters.  
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.

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

### Location of Project \*

Address

  

Address Line 1, Suburb/Town, and Postcode are required. Country must be Australia  
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? \*

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek.

#### What are the expected outcomes of the project? \*

Describe three 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 whole dollar amount (no cents) 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 D: 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 grant, we will be required to accept the terms and conditions of the grant in the letter of offer.**

**Name of authorised person \***

Title

First Name

Last Name

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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

**Contact Email \***

Must be an email address.