

# Veolia Mulwaree Trust Donation 2022 Application Form - Round 1

## Form Preview

### Part A: Organisation Details

\* indicates a required field

#### Eligible to Apply

**Our organisation confirms that it: \***

- Has not received a donation from the Veolia Mulwaree Trust in the last 12 months.
- Does not currently have an incomplete grant project funded by the Veolia Mulwaree Trust.
- Has not submitted a grant application to this Veolia Mulwaree Trust funding round.

If unsure of any of the above, please contact the Veolia Mulwaree Trust office on (02) 4822 2786 prior to completing this form.

Before completing this form ensure you have read the [donation guidelines](#)

**Organisation Name \***

Organisation Name

**Organisation's postal address \***

PO Box or Street Address (for written correspondence regarding this application)

**City/Town \***

**State \***

**Postcode \***

**Organisation's address (if different to postal address above)**

Street address

**Organisation website (if applicable)**

Must be a URL.

**Organisation's email \***

Must be an email address.

**Briefly describe your organisation including purpose, history, membership, enrolment numbers etc. \***

Word count:

Maximum 200 words

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### Local Government Area \*

- |  |  |
|--|--|
| <input type="checkbox"/> Goulburn Mulwaree | <input type="checkbox"/> Wingecarribee |
| <input type="checkbox"/> Former Palerang   | <input type="checkbox"/> Wollondilly   |
| <input type="checkbox"/> Upper Lachlan     | <input type="checkbox"/> Shoalhaven    |
| <input type="checkbox"/> Oberon            |  |

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

### Kickstart 2022

### Has the organisation been negatively impacted by the pandemic over the past two years? \*

- Yes  
 No

### Impact of pandemic

### Please describe the extent of the impact of the past two years of the pandemic on the organisation?

For example, your organisation has not been able to conduct usual fundraising activities, membership declining, additional expenses encountered etc. Please provide specific details of any financial losses incurred

### Proof of legal status

### 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	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

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

Attach a file:

For example the Certificate of Incorporation. jpg or pdf format only. 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.

### Contact person for application

**Contact person's name \***

Title

First Name

Last Name

**Position in organisation**

\*

**Phone number (business hours) \***

**Email address \***

Must be an email address.

### Part B: Project Details

\* indicates a required field

**Project title \***

**Location of project**

Address

**Total Donation Requested \***

\$

Maximum donation request is \$1,000. The Board may fund a limited number of organisations above \$1,000 at its discretion.

**Provide a brief project description**

Word count:

Maximum 200 words

**Why is the donation needed? \***

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Word count:  
Maximum 200 words

**Who will benefit from the donation? \***

Word count:  
Maximum 200 words

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

Provide details including previous application reference numbers if available.

## Part C: Authorisation

\* indicates a required field

### Authorisation of Application

Two authorised office bearers of the organisation (one being the head of the organisation) must authorise this application.

***We certify that all details supplied in this application are true and correct to the best of our knowledge.***

#### Authorising person 1

**Name \***

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

**Position in Organisation \***

**Phone Number (business hours) \***

**Email Address \***

Must be an email address.

#### Authorising person 2

**Name \***

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

**Position in organisation \***

**Phone Number (business hours) \***

**Email Address \***

Email address must be different to Authorising Person 1