



AGL Macquarie

Community Support and
Sponsorship Program

| |
|-------------------|
| Organisation Name |
| |
| Contact Person |
| |

| |
|---------------------|
| Postal Address |
| |
| Phone |
| |
| Fax |
| |
| Mobile |
| |
| Email |
| |
| ABN (if applicable) |
| |

| |
|---|
| How many active members does your organisation have? |
| |
| How long has your organisation operated in the Hunter Region? |
| |

| Who participates in your organisation? (please tick) | |
|--|-------|
| <input type="checkbox"/> | Men |
| <input type="checkbox"/> | Women |
| <input type="checkbox"/> | Girls |
| <input type="checkbox"/> | Boys |

Activity Information

| Describe the purpose of your application. |
|---|
| |

| If applicable, provide the dates of the events for which you are requesting support. |
|--|
| |

| What category or categories do you think your request qualifies for? (Please tick) | |
|---|-------------------------------|
| <input type="checkbox"/> | Education |
| <input type="checkbox"/> | Health |
| <input type="checkbox"/> | Recreation |
| <input type="checkbox"/> | Environment |
| <input type="checkbox"/> | Community Events and Services |

If AGL Macquarie employees are active members of your organisation, can you nominate those prepared to endorse this application?

Name the groups/individuals in Upper Hunter communities who benefit directly from your organisation's normal activities (including charities).

Describe how AGL Macquarie funding would be used to support your project or initiative.

Where would you estimate you are right now, on the way towards reaching your funding goal or target? (please tick)

| | |
|--|-----|
| | 0% |
| | 10% |
| | 25% |
| | 50% |
| | 75% |
| | 90% |

| Are you currently seeking financial assistance from other Upper Hunter businesses? (please tick) | |
|--|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

| From what other organisations, agencies or businesses has your project received funding assistance? |
|---|
| |

Details of Support Required

| Single contribution (Please state amount requested and when) |
|---|
| |

| Recurrent contributions (Please state how much is requested and over what period of time) |
|--|
| |

| Has your organisation requested assistance from AGL Macquarie before? | |
|---|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| If yes, give details of when you applied and how much support you received. | |
| | |

How do you propose acknowledging the support received from AGL Macquarie?

Declaration

I the undersigned declare the information provided to be a correct and honest description of our organisation and/or events and the support needed.

Signed:

Date:

Please forward this document to:

AGL Macquarie
Community Support and Sponsorship Program
PO Box 38
HUNTER REGION MC
NSW 2310

Email: rob.cooper@agl.com.au

Please Note:

Completion and lodgment of this application form does not guarantee support from AGL Macquarie.