Community Partnership Funding Application Form



Energy Resources of Australia Ltd (ERA) supports applications for community partnership funding demonstrating a clear benefit for the local community, including the Alligator River region in the Northern Territory.

To apply for community partnership funding from ERA, please complete this form.

Applications will be assessed against ERA Education and Training, Health and Community Wellbeing, Environment, Sport and Culture, priorities. For more information on these priorities, refer to page three of this application. Applications are also subject to availability of funds.

To aid in a prompt decision on your application please, ensure the application is completed in full and details are correct.

Application Summary:						
Individual / Organisation Name:						
Project Name:						
Project Summary:						
Amount requested:	\$					
1. Your Individual / Organisation						
Individual / Organisation Name:						
Address:						
Contact Name:	Email:					
Phone:	Mobile:					
Is your organization a registered cha exemption status?	rity, or not for profit organisation which has tax Y N					
NB: If your organization is registered for GST, please include GST on the Tax Invoice.						

ERA Office Use Only:

Date application received:		1	1	Date processed:	1 1	
Committee decision date:	/	1		Approved		Rejected
Method of Payment:				Cheque Request		Purchase Order

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O. Cummont l								
2. Support to	peing sought	In Kind			Once-off Donation			
•	ndina:	III KIIIU	Ш		Office-off Doffation			
For cash funding:								
	ted cost of project:			\$	-			
Your contribu	ution to the project:			\$				
Contribution	from other grants / spo	onsors:		\$				
Total funding	g requested from ERA:			\$				
For In Kind, please specify:					Quantity:			
3. ERA prio	rity							
Funding pr	oposals must fall in	nto at leas	t one o	f ER/	A's key priorities:			
 EDUCATION AND TRAINING Increase recognition of the benefits of lifelong learning within the community Improve education standards 				 SPORT AND CULTURE Strengthen support for sport and cultural diversity within the region 				
Support and well	D COMMUNITY WELLB programs which will impropeing of all members of the rly the Traditional Owners	ove the healt he community	У,	•	RONMENT Work with communities to ac environmental challenges, w the region.			
Please indicate which ERA priorities your application addresses and how. (Please see above for definitions)								
□ Educatio	n & Training:							
☐ Health &	Community Wellbeing	:						
□ Environn	nent:							
☐ Culture:								

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4. Project Details						
Project / activity cor		or this year:		1	1	
Outline details of your request: (provide a clear and concise description of the proposed event or project)						
How will ERA's fund	ing will be utili	sed?				
What sort of media	coverage will y	our event / proje	ect attract?			
Please state how yo	ou plan to publi	cise your event /	activity:			
☐ Posters	☐ Radio	☐ Email	☐ Postal ma	ail-out	☐ West Arnhem Wire	
Other (please state)						
If your application is	successful, ho	ow do you plan to	o promote ERA	a's support?		
□ Naming rights	☐ Progra	am advertising	□ Present	ation rights	☐ Signage at event (supplied by ERA)	
☐ Media Exposure		recognition ted material / clothing)	☐ Website		☐ PA announcements	
Other (please state)						
5. Community						
What other fund raisi	ng activities are	e taking place to	supplement yo	ur funding ı	request from ERA?	
Please indicate other whether their suppo			you or your org	ganisation h	ave approached and	
<u>Organisation</u>	<u>n</u>	<u>Amou</u>	<u>ınt</u>	<u>Con</u>	firmed / Unconfirmed	

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Specifically, what groups or individuals will benefit from ERA's assistance and how?								
Please provide	an estimation nu	ımber of perso	ns involved (by a	age range):				
Particip		·	ınteers	Spect	ators			
Youth	Adult	Youth	Youth	Adult				
6. Bank details fo	or Cash sponsor	ship / donatio	ons					
Bank:								
	Branch Name:							
BSB:	BSB: Account Number:							
Account Name:								
7. Declaration								
By signing this declaration, I state that all the information in this application is true and correct, and that I am duly authorised to make this application.								
I accept that ERA reserves the right to accept or decline any requests for sponsorship, funding or donation, which ERA deems as not meeting ERA priorities.								
Signed:			Name:					
Position:			Date:					
Please	forward applica	ation to:						
Flease			ial Performance	•				
	Energy Resources of Australia							
	GPO Box 2394							
	Level 3, Energy House 18-20 Cavenagh Street							
	Darwin NT 0801							

Email: eracommunityrelations@riotinto.com