

SPONSORSHIP APPLICATION FORM



This form is for not-for-profit community organisations seeking sponsorship from Donald Mineral Sands Pty Ltd (a subsidiary of Astron Ltd). If there is insufficient room in the space provided, please attach a separate sheet.

ORGANISATION

CONTACT DETAILS

Name : Position :

Phone No : Email :

Postal Address :

EVENT or PROJECT

DATE/S, TIME/S, AND DURATION

LOCATION/S

CATEGORY FOR FUNDING

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Education, Training, Leadership | <input type="checkbox"/> Arts and Culture |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Health | <input type="checkbox"/> Community Wellbeing |

HOW WILL THE EVENT/PROJECT ENHANCE AND BENEFIT LOCAL COMMUNITIES SURROUNDING THE DONALD PROJECT AREA?

SPONSORSHIP AMOUNT AND DATE TO BE SPENT [List \$ amount, including GST if applicable, and any in-kind benefits sought]

AMOUNT

DATE

HOW WOULD SPONSORSHIP MONEY BE USED?

OBJECTIVE/PURPOSE for staging the event/project

TARGET AUDIENCE [Who are they?]
POTENTIAL AUDIENCE SIZE/REACH [How many people?]
POTENTIAL BENEFITS TO DMS [Naming rights, promotional material etc.]
SPONSORSHIP RECOGNITION [Will you allow DMS publicising its involvement with this sponsorship?] <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST OTHER SPONSORS
SUCCESS MEASURES [Detail how the organisation will measure the success of the event or project]

NOTE : By signing this Application, and pending sponsorship approval, you commit to providing evaluation and feedback to DMS within thirty days of the completion of your event or project. Failure to comply may deny access to future funding.

I, confirm that I am authorised to act on behalf of the organisation applying for funding.

SIGNED.....

DATE.....

Return completed form by 31st May 2021 to:

Email: Administration@donaldmineralsands.com.au and caitlin.chase@donaldmineralsands.com.au

OR

Mail: DMS, PO Box 49, MINYIP Vic. 3392