Yes

Applicant Details * indicates a required field Contact Details Please provide the applicant's details. Name of Organisation * Organisation Name Contact person * First Name Last Name This is the person we will correspond with about this application. Phone number * Must be an Australian phone number. Please include (08) in front of the number for landlines. Email address * This is the address we will use to correspond with you about this application. Postal Address * Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. For PO Box addresses, click in 'Enter a location' box and select 'Can't find your address?' Brief description of the organisation * Briefly describe your organisation **Entity details** Are you a legal entity? *

company) or be sponsored by a legal entity. See Guidelines for more information

O No Applicants must be a legal entity (eg an incorporated association, individual, partnership, corporation/

Do you have an ABN? *O Yes

Having an ABN means that your group will not be subject to 46.5% withhold	
provided. If your group does not have an ABN, and your grant application is need to complete and return a 'Statement of Supplier' form with your grant	
'Statement of Supplier' form, 46.5% of the payment is required to be deduct	
Australian Tax Office (ATO) under the 'No ABN withholding' arrangements.	
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 More information	
ACNC Registration	
Tax Concessions	
Main business location	
About the event, initiative, service or program	
* indicates a required field	
What is your organisation seeking sponsorship for? *	
Must be no more than 8 words.	
Include whether it is an event, initiative, service or program and provide a b	rief description
When is it being held/run? *	
when is it being heid/full:	
Where is it being held/run? *	

 \bigcirc No

Is the event, initiative, service or program a one-off occasion or regular/ongoing? *
Please provide details
How many people are involved/invited/attending? *
Has the event, initiative, service or program occurred before? * ○ Yes ○ No
As you answered yes above, please include any relevant details about its success or any issues that arose $\mbox{\ensuremath{\star}}$
Are other stakeholders involved in the event, initiative, service or program? * O Yes O No
Please provide details of which stakeholders are involved, and the nature of their involvement *
About the sponsorship opportunity
* indicates a required field
How much are you seeking in sponsorship? * \$ Must be a dollar amount.

What value is your organisation offering Green Adelaide in exchange for sponsorship?

Please provide specific details about opportunities you can offer Green Adelaide in the fields of:

• Brand awareness - include details of where Green Adelaide's logo/branding can be used, opportunities to display Green Adelaide promotional material, naming rights etc.

• E	xposure -	· include	details	about	opportuni	ties to	access	the	organisati	on's a	audienc	es
ar	nd channe	els, how	channe	ls are ı	used, anal	ytics e	etc.					

- Networking- include details about keynote speaker opportunities, tickets to events etc.
- Reputation include details about how alligning with the event/organisation is valuable to Green Adelaide

*		
Other sponsors		
Please give details of othe specify who and their leve		tive, service or program. Please
Name of sponsor	Cash contribution	Comments
	Must be a dollar amount.	i.e. explanation around nature of contribution
	\$	
	\$	
Was it sponsorship oWhat was the event,	s' above, please provide details r funding? initiative, service or program th orship or funding received?	
Risks Are there any known of		

Declaration and Consent

* indicates a required field

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 the request has been checked for errors and that the organisation is supportive of the request.
- I agree to ensure that adequate insurance is in place for the event, initative, service or program and any assets purchased should this request be successful.

l agree *	○ Yes	
Name of authorised	First Name	Last Name
person *		
Position		
	Position held in organisa	tion (if applicable).
D _1_ *		
Date *		
	Must be a date.	