

APPLICATION FORM FOR COMMUNITY EVENT ASSISTANCE



Sisters of the North Management Committee will review each application on its merit to meet the criteria for SOTN Community Event assistance. Grant money is not applicable to individuals.

Application to be received 4 weeks prior to the event: susan.dowling@bigpond.com

Criteria: SOTN funds are available to support events that have:

- 1) SOTN requires that grant money is spent within your local community to help stimulate local small business economy. Receipts may be requested.
- 2) Intent to CONNECT COMMUNITY and encourage a message of BUILDING RESILIENCE - A connected community is a resilient community.

COMMITTEE / ORGANISER NAME: *Click or tap here to enter text.*

ORGANISING COMMITTEE ABN: *Click or tap here to enter text.*

CONTACT PERSON: *Click or tap here to enter text.*

CONTACT DETAILS: Ph) *Click or tap here to enter text.* M) *Click or tap here to enter text.* E) *Click or tap here to enter text.*

EVENT NAME: *Click or tap here to enter text.*

LOCATION: *Click or tap here to enter text.*

DATE OF EVENT: *Click or tap to enter a date.*

SHIRE: Choose an item.

REQUESTED AMOUNT: \$.....

Provide a brief description how SOTN funds will be spent to support your event? (i.e. as per the Criteria above please include the names of the local businesses and the total funds to be spent by business) ? *Click or tap here to enter text.*

Describe the benefit your event will bring to the local flood impacted Community and/or Local Business? *Click or tap here to enter text.*

In acknowledgement of receiving SOTN support I agree to promoting SOTN messaging and banners/signs during the event and adding the SOTN logo in our promotion material (if applicable).

If successful, to assist promotion of your event, I permit SOTN tagging this event on their FaceBook page and as Testimonial feedback on SOTN website. Please email your event flyer to susan.dowling@bigpond.com at least 2 weeks prior to the event.

Applicant / Committee Representative: *Click or tap here to enter text.*

Date: *Click or tap to enter a date.*

SOTN Office use only: Date Received:...../...../.....

Approve Not Approve Resolution Date:...../...../.....

.....SOTN Committee Member Print name:.....

.....SOTN Committee Member Print name:.....