



Sponsorship & Donations Application Form

The Casino RSM Club proudly supports a wide variety of local community events and groups.

Each request requires the completion of the Casino RSM Club application form.

Note only **one** request per organisation is permitted per calendar year. Therefore if you are seeking support for a number of events or projects please include them all on this application.

Applications are considered four times per year being late January, April, July and October. It is advisable that applications are submitted well in advance.

Backdated applications for events or purchases which have already taken place will not be considered.

Applications will only be considered from not for profit incorporated organisations, and educational facilities located in or supporting the Casino District and Richmond Valley area.

Once you have completed this form in its entirety please email, post or hand in to reception.

What you will need to submit this form:

1. Application Form
2. ABN or Incorporation number
3. Membership List
4. Profit / Loss or Annual Report
5. Function Activity
6. Any applicable quotes/budgets
7. Proposed recognition of the Casino RSM Club support

Please note any applications that have not completed the above criteria will be returned.

Legislative requirements require all successful applications that receive cash are required to provide a receipt or tax invoice, for in kind support a letter of acknowledgment is required. A written report from the recipient is required for cash or in-kind support of over \$500.

If you require any further information regarding this process please contact Neale Genge the Secretary Manager of the Casino RSM Club on (02) 6662 1666.

Please return this form to:

162 Canterbury St
CASINO NSW 2470

Email admin@casinorsm.com.au

Ph 02 6662 1666



ORGANISATION NAME:

ABN/ACN/INC Number AS APPLICABLE:

CONTACT NAME:

POSITION:

ADDRESS:

TELEPHONE:

EMAIL:

DATE OF EVENT OR WHEN FUNDING IS REQUIRED:

Please tick which answer applies to your organisation:

1. Is your funding request to benefit the Casino and Richmond Valley area?
YES / NO
2. Are you eligible to receive any government (local state or federal) funding?
YES / NO
3. Casino RSM Club grants and sponsorship guidelines aims to avoid 'double dipping' where an organisation or event receive funding from organisations already supported by Casino RSM Club. Does your event or project receive support from organisations already supported by Casino RSM Club or other Registered Clubs?
YES / NO

If yes please state details of support and which club:

4. Amount of cash support for which you are applying for from the Casino RSM Club
\$ _____
5. Details of in kind support from the Casino RSM Club you are seeking

Please return this form to:

162 Canterbury St
CASINO NSW 2470

Email admin@casinorsm.com.au

Ph 02 6662 1666



6. If this funding is not being requested for equipment or capital funding please specify what you will be using this donation if successful for. Please attach a budget if applicable:

7. Please list the members of your organisation who are also members of the Casino RSM Club. Whilst membership of the Casino RSM Club is not mandatory for your application the Board believes that the charter of the Casino RSM Club is to support in the first instance applications from members.

Membership #	Member Name	Signed
Minimum of 5 Members is requested		

Please return this form to:



8. Please provide details of how your Club or Organisation intends to recognise the support provided by the Casino RSM Club?

9. Do you agree to the Casino RSM Club releasing a media release if successful?

YES / NO

10. Do you agree to the Casino RSM Club promoting the sponsorship / donation on social media?

YES / NO

11. Please indicate what functions or events your club or organisation has held at the Casino RSM Club in the past year or intends to hold. These functions have to be FULL club functions, for example we would not consider a function to be a committee meeting or drinks after a game.

- Date of function or estimated date:

- Number in attendance:

- Were meals purchased?

Please include a copy of your organisations most recent Annual Report or Profit / Loss

Remember if your project is for equipment / capital funding that is over \$500 then a quote must be submitted for the expected cost of the project.

Please attach any budgets, or further information to support your application

Please return this form to:

162 Canterbury St
CASINO NSW 2470

Email admin@casinorsm.com.au

Ph 02 6662 1666