

EXTERNAL FUNDRAISING APPLICATION FORM

(As required by the *Charitable Fundraising Act 1991*)



Health
Illawarra Shoalhaven
Local Health District

Office Use Only:

Application No: _____



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This application form applies to any person(s) – who are not employed by or volunteer for the Illawarra Shoalhaven Local Health District (ISLHD) - or groups, businesses or organisations wishing to fundraise for hospitals or facilities in the ISLHD.

The fundraising activity cannot be used for the Applicant's own direct commercial gain or profit; and the activity must have the potential for financial success so that neither the organisers nor ISLHD is liable for unpaid expenses.

Accounting for funds received and expended must be to a standard acceptable to ISLHD. The Fundraising Coordinator must be made aware of major expenses prior to the activity.

Estimated donation \$ _____

Proceeds to be donated to: (Name of the Hospital/Department/Ward/Unit and/or piece of medical equipment. The Corporate Communications Unit can provide you with a wish list of equipment):

SECTION A: APPLICANT DETAILS

Name of Applicant (This is the person in charge of the fundraising activity or who represents an organisation/business/community group identified below):

Name of Organisation/Business/Community Group (if applicable):

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Phone Number: _____ **Mobile Number:** _____

E-mail: _____

SECTION B: FUNDRAISING ACTIVITY DETAILS

1. Type of fundraising activity proposed:

(Activities requiring authorisation include raffles, fetes, dinners, donation boxes, direct mail, art unions. Complete Question 6 if there is a raffle component)

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2. Details of Fundraiser/Event/Proposal:

(Provide any further documentation with the application):

3. Date and Time of Activity: _____

Location: _____

4. Has the Applicant raised funds for any Hospital/Service within ISLHD before?

(If yes, please identify the last fundraising activity)

Details: _____

When: _____

How: _____

5. Does the Applicant intend to invite or engage with any media outlet during the fundraising activity?

(If yes, provide details and note that any media relating to any Hospital or Service within ISLHD must have approval from ISLHD's Chief Executive)

6. THIS QUESTION IS TO BE COMPLETED ONLY IF YOU WILL BE CONDUCTING A RAFFLE AS PART OF YOUR FUNDRAISING PROJECT

What is the proposed commencement and draw date?

What is the price of the tickets?

Will the prizes be donated or will they be purchased?

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Is there a limit on the number of tickets you will be selling?

7. How will your event be treated from a tax perspective?

(This relates to mainly Balls, Charity Dinners. If you are unclear please discuss with the Corporate Communications Unit)

8. Do you have any income from Sponsorships or Donations?

(If so, provide the Sponsorship Proposal or details with this application)

Note: Ensure that you have read and understood the 'Guidelines and Procedures for External Fundraising' and adhere to the following in regards to returned income from fundraising:

- A fundraising appeal for donations only (with no associated supply of goods or services) must take all reasonable steps to ensure that a minimum return of 50% is realised
- A minimum return of 40% should be achieved from raffles
- In all other cases, including where goods or services are supplied, all reasonable steps must be taken to ensure that the expenses payable do not exceed a fair and reasonable proportion of the gross proceeds obtained.

THE ESTIMATED STATEMENT OF INCOME AND EXPENDITURE IS TO BE COMPLETED AND SUBMITTED ALONG WITH THE APPLICATION FORM.

Terms & Conditions: We understand the terms and condition under which any fundraising activities benefiting Illawarra Shoalhaven Local Heath District need to operate. We will endeavour to ensure that representatives Illawarra Shoalhaven Local Heath District are informed of the development of any fundraising concepts and Illawarra Shoalhaven Local Heath District approve any promotional material or media releases citing any hospital within as the beneficiary. I have read the guidelines agree to hold my fundraising event in accordance with guidelines. I understand my obligations with regards to sending the proceeds raised to the nominated hospital operating under Illawarra Shoalhaven Local Health District within **14 days** of completion of the fundraising activity.

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I, _____ (Applicant's Name) agree to conduct my event

_____ (Name of fundraising activity) in a manner which upholds integrity, professionalism and values. I agree to inform the Fundraising Coordinator if the details of my event deviate from those stated in the 'External Fundraising Application Form'. I agree that the funds raised can be applied generally when excessive funds are raised or the specific purpose fails.

Applicant's Signature

Date

Applicant's Name

Reviewed and Endorsed by:

Manager Corporate Communications

Date

Manager Corporate Communications Name

Approved by:

Site Manager

Date

Site Manager Name

In some cases pending on taxation implications, approval may need to be sought from the ISLHD Taxation Accountant

ISLHD Taxation Accountant Signature

Date

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ISLHD Taxation Accountant Name

If approved by the Illawarra Shoalhaven Local Health District an authority to fundraise on behalf of Illawarra Shoalhaven Local Health District will be forwarded to the Applicant along with a copy of this form.

Please return completed application form and estimated budget to:

Corporate Communications

Level 2, 67 – 71 King Street, Warrawong

PO Box 239

Port Kembla NSW 2505

Phone: 4221 6859 Fax: 4221 6868

Email: ISLHD-Communications@health.nsw.gov.au

FOR USE BY FUNDRAISING CO-ORDINATOR:

Project Ref Number: _____