



Office Use Only:
Application No:

EXTERNAL FUNDRAISING APPLICATION FORM
(As required by the Charitable Fundraising Act 1991)

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?

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

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7. How will your event be treated from a tax perspective?
(This relates to mainly Balls, Charity Dinners. If you are unclear, please discuss it with the Corporate Communications Unit)
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8. Do you have any income from Sponsorships or Donations?
(If so, provide the Sponsorship Proposal or details with this application)
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Note: Ensure that you have read and understood the 'Guidelines and Procedures for External Fundraising' and adhere to the following regarding 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 conditions under which any fundraising activities benefiting Illawarra Shoalhaven Local Health District need to operate. We will endeavour to ensure that representatives Illawarra Shoalhaven Local Health District are informed of the development of any fundraising concepts and that Illawarra Shoalhaven Local Health District approves any promotional material or media releases citing any hospital within as the beneficiary. I have read the guidelines and agree to hold my fundraising event in accordance with the guidelines. I understand my obligations regarding 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 that 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 taxation implications, approval may need to be sought from the ISLHD
Taxation Accountant:**

ISLHD Taxation Accountant Signature _____ Date

ISLHD Taxation Accountant Name

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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 the completed application form and estimated budget by mail to:

Corporate Communications
Level 2, 67 – 71 King Street, Warrawong
PO Box 239
Port Kembla NSW 2505

Or scan and submit via email **best contact:** ISLHD-Fundraising@health.nsw.gov.au
To contact Corporate Communications on call: 0422 003 764

FOR USE BY DISTRICT FUNDRAISER:

Project Ref Number: _____