



Outback Communities Authority: Sponsorship Application Form

(To be read in conjunction with the Outback Communities Authority: Sponsorship Policy and Procedures)

Applica	tion Date:/ Event/Activity Date:/
OR S	tart date:/ End Date:/
	nds required by:/
1.	APPLICANT DETAILS
-	orporated associations are eligible for sponsorship, or an individual who has an auspice agreement with an rated association
	a. Incorporated Associations
Name c	forganisation:
Locatio	address:
Postal a	ddress:
ABN:	
Sponso	rship Contact Person
First na	ne: Last name:
Position	: Phone:
Email:	
	b. Individual applicant
Name:	
Locatio	address:
Postal a	ddress:
Phone:	Email:
	ual applicants should provide details of the Association with which an auspice arrangement will b nd sponsorship contact person in that Association in a. and b. above.

Objective ID: A6138389





2.	EVENT/ACTIVITY DETAILS	
Event/	Activity Title:	
Event/	Activity Location:	······································
Event/	Activity brief description:	
3.	SPONSORSHIP SOUGHT	
		ng applied for? (tick all that apply)
vviiatis	s the nature of sponsorship bein	
	Money	Amount requested: \$
		For what purpose is the funding required?
	In-kind support	Details of support required:
		Estimated Value of 'in-kind' support: \$
	Pre-payments	Details of items to be paid for by the OCA:
		Estimated Value of pre-paid items:
4.	SELECTION CRITERIA	
	Vibrancy	
		ribute to a vibrant and thriving community and wider region? This hat foster cultural diversity, support arts and culture, encourage I activities.
	Connection	
		er connections through the community and wider region? This may involve social inclusion, encourage collaboration among community members, or ectivity.
	Future Opportunities	
	Does your event / activity crea development of the community	te long-term opportunities and contribute to the future growth and and wider region?

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¹ Examples of items for which pre-payment may be sought include accommodation, printing of advertising materials. Please contact the Outback Communities Authority via email oca@sa.gov.au if you are unsure of what might be considered in this category.





5. RECOGNITION

How will the Outback Communities Authority's sponsorship be recognised?

6.	PAYMENT DETAILS		
Nomin	ated Bank Account for Sponsorship Funds that is controlled by the Association:		
Accou	nt Name:		
BSB:	Account number:		
7.	ACKNOWLEDGEMENT		
In sign	ing this sponsorship request, the applicant acknowledges that:		
0 0 0	the sponsorship funds will be spent on the activity for which it is sought reporting responsibilities outlined in the policy will be met the application has the support of the association OR as an individual applicant, the agreement of the Association named on page 1 has been sought.		
	:		
Position: (if applicable)			
Dated:	·////		
Intern	al Use Only		
OCA A	pproval: Yes / No		
Directo	or: Margaret Howard Signed:		
Appro	val Date:///		
Notes:			

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