

Financial Assistance and Donations Form

Thank you for your interest in seeking support. This form helps us understand your request and how it benefits our community. Please complete all relevant sections.

Section 1: Applicant's Contact

Name	
Email	
Phone Number	
Position/Title	

Section 2: Applying Organisation

Organisation Name	
Address	
Status	<input type="checkbox"/> NFP <input type="checkbox"/> Charity <input type="checkbox"/> Education Facility <input type="checkbox"/> Religious Institution <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Other _____

*For Category 2 – Connection Charge Reductions or Category 3 – Consumption Charge Reductions please skip to Section 5.

Section 3: Funding Request

Amount or In-Kind Support	
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Section 4: Project/Initiative

Project title	
Date	
Project goals/description	
Community benefit areas	<input type="checkbox"/> Social <input type="checkbox"/> Educational <input type="checkbox"/> Environmental <input type="checkbox"/> Public Health <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Sporting <input type="checkbox"/> Recreational

Section 5: Category 2, Connection Charge Reductions and Category 3, Consumption Charge Reductions Only

Water account number	
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Section 6: Declaration and Consent

By submitting this application, I/we confirm that the information provided is accurate and agree to the following:

- Funds will be used for the purpose outlined in this application
- Reporting or acquittal information will be provided if required
- CTW retains the right to review and audit the use of funds
- Funds may be reclaimed if terms are not met

Signature: _____ Date: _____

Print Name: _____