

Lynas Local Giving Program Application Form – Western Australia



Applicant Details

Your Name		
Lynas Employee?	Yes	No
Nominated Organisation Details		
Address		
Phone	Mobile	
Email	ABN	

Please tell us about your organisation:
Website or social media details:

Grant Funding Amount Request (max. \$500):	
What will the grant be used for and what are the expected outcomes? (Please describe):	
The project or event benefits communities within the following geographical locations (please circle/highlight all applicable)	
Laverton Shire	City of Kalgoorlie-Boulder
Perth	Other:
Community Category (please circle/highlight key focus areas that apply to your application)	
Health & Sport	Education & Training
Environment	Vulnerable Communities

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Funding Information

Have you received funding from Lynas previously?	Yes	No
Do you have any other confirmed funding sources? <i>If yes, please list organisations and amounts below:</i>		
How will Lynas be recognised for its support to this initiative/event?		
Is there an opportunity for Lynas employees to get involved in your event?		
No / Not applicable	Yes	
If yes, please specify:		

Due Diligence		
Is your organisation any of the following:		
Incorporated association	Yes	No
A recipient of Government Funding	Yes	No
Other:		
Is your organisation registered for GST?	Yes	No
Can your organisation accept payment via credit card	Yes	No
Do you have the following endorsements:		
DGR (Deductible Gift Recipient)	Yes	No
TCC (Tax Concession Charity)	Yes	No

DECLARATION	
I declare that the details provided in this application are true and correct to the best of my knowledge. I understand that by applying for and / or accepting Lynas' support. I am bound by the Lynas Local Giving Program Recipient Responsibilities as outlined in Lynas' Local Giving Program Guidelines.	
Authorised Representative Name	
Position	
Signature	
Date	

Submit your application via email to partnerships@lynasre.com