



The following Application Form has been divided into four (4) simple sections:

Section 1. Who Are You?

- Details of the applicant's organisation

Section 2. What Do You Want To Do?

- Details of the event
- Attendance at event
- Benefits of the event for the community

Section 3. How Much Will Your Event Cost?

- The budget for the event
- How much is the applicant seeking through a grant

Section 4. Attachments?

- Lists the attachments to be included with the application

SECTION 1. WHO ARE YOU?

Name of Organisation	
Postal Address	
Is your Organisation Incorporated?	<input type="checkbox"/> Yes Registration number: <input type="checkbox"/> No Auspice body:
Does your Organisation have Insurances?	Public Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Building Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Organisation have an ABN?	<input type="checkbox"/> Yes Quote ABN: <input type="checkbox"/> No <i>Note: If your organisation does not have an ABN, a "Statement by a Supplier – Reason for Not Quoting an ABN" Form must be completed and attached. This Form is readily available from the Australian Tax Office.</i>
Purpose of Group	
Number of Financial Members	
President's Name	Name: _____ Ph: _____
Secretary's Name and Contact Details	Name: _____ Ph: _____
	Email: _____
Contact Name & Phone Number for event Coordinator	Name: _____
	Phone Number: _____

SECTION 2. WHAT DO YOU WANT TO DO?

EVENT DETAILS

Event Name

Date of Event

Event Location

1. Please provide a brief description of the event for which you are seeking funds.

2. What is the expected attendance at your event?

3. How does your event promote broad community participation?

SECTION 3. HOW MUCH WILL YOUR EVENT COST?

Please provide specific details of the total budget for the EVENT. This may include details on equipment, venue hire, etc. All in-kind (volunteer) work must be allocated a monetary figure, based on quotes provided by trades people, contractors, and/or businesses.

1. Is this a fundraising event? If so, please provide details.

INCOME

Cash contribution from your organisation	\$
In-kind or Volunteer contribution/s from your organisation <i>(complete Table below)</i>	\$
Amount of grant sought from Council	\$
Total Income for event	\$

EXPENDITURE (ATTACH COPIES OF QUOTES WHERE APPLICABLE)

Item	Amount
	\$
	\$
	\$
	\$
Total Expenditure for event (should equal Total Income)	\$

Table 1: In-kind/Volunteer Work Schedule (if applicable)

Note: Basic labouring tasks are in the range of \$15 - \$25 and up to \$80 for specialised skilled tasks

Task to be completed	Names of those who will undertake task	Number of Hours	Rate per Hour	Total Cost

Additional financial logistics support from Council is not available for this funding stream.

If relevant please include in budget. Please also outline your plan for the following applicable items:

Waste Management (\$7.50 per bin)	
Toilet Hire	
Hire of building or Council managed parks etc. (See Fees and Charges on Council website).	
Road closures (Quotes required)	
Use of Council events trailer (this is available to be booked however preference will be given to events that receive tourism funding).	
Permits (See Fees and Charges on Council website).	

Section 4. Attachments

Please attach any further information or documentation supporting your application.

Have you provided?

- Organisation details including GST and ABN information
- Event details including (if applicable) plans, letters of support etc
- The benefits of the event or activity to the community
- Completed budget ensuring income and expenditure totals are equal
- Attached copies of quotes where applicable
- Signed the declaration (see below)
- Complete the event Waste Wise Template
- Kept a copy of your application for your records and future reference
- Completed the EFT payment details form below

DECLARATION (to be completed by an authorised person of the organisation)

I have read the guidelines relating to grants under this Council program and certify to the best of my knowledge the information provided in this submission is true and correct and discloses a full and accurate statement of the applicant organisation's income and expenditure. If successful in gaining funding I agree to abide by the Council's condition of grant regulations, including event evaluation and grant acquittal completion.

NAME (please print) _____

ORGANISATION: _____

POSITION: _____

DATE: _____

Signature:

Note: Applications close at 5pm, Monday 11 November 2019

Supplier Code (INTERNAL ONLY)

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EFT payment Details

Group Name:

Group Address:

Group ABN:

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Email address for remittance advice:

Contact Phone Number:

EFT Payment Details

Bank Name:

Bank Account Name:

BSB Number:

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Account Number:

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Office Use Only

Entered on System by:

Name

Date