

# Application Form In Kind Assistance 2324

## Form Preview

### Important Notice

\* indicates a required field

### Guidelines

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to assess and process applications under the In Kind Assistance Program. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

#### Guidelines

Please refer to the In Kind Assistance Program guidelines and the over-arching Community Grants - Council Policy by clicking [here](#) prior to completing this application form.

The maximum benefit, if approved is up to \$2000 per annum per organisation.

For further information please phone Council on 1300 268 624 to speak with a member of the Grants team.

I have read the In Kind Assistance Program Guidelines and Community Grants - Council Policy prior to completing this application and confirm that to the best of my knowledge this application meets eligibility requirements.

**By clicking proceed I confirm that I am legally authorised to make this application on behalf of the Organisation for which this application is being lodged. \***

☐ Proceed

### Initial Criteria

\* indicates a required field

**Is your organisation a commercial organisation or is this application for a commercial activity? \***

- ☐ Yes  
☐ No

**Is your organisation a political or religious group? \***

- ☐ Yes  
☐ No

**Is your organisation a Government agency or department of local, state or federal Government or body or authority created by Government? (including Auxiliaries and Parent and Citizen Associations of these bodies) \***

- ☐ Yes

# Application Form In Kind Assistance 2324

## Form Preview

☐ No

**Is your organisation a charitable not-for-profit organisation that operates a commercial business as defined in definitions of this policy? (e.g. A not-for-profit commercial scale nursing home) \***

☐ Yes  
☐ No

**Is this application being auspiced by an incorporated association? You only require an auspicing body if your organisation is NOT incorporated. \***

☐ Yes  
☐ No

Auspicing Agreement - Please follow the link below to the auspicing agreement

<https://www.wdrc.qld.gov.au/Community-Recreation/Grants-Funding/Helpful-Resources>

**Upload Auspicing Agreement here**

Attach a file:

## Auspicing Organisation Details

**Name of Incorporated Organisation who is auspicing this application**

**ABN**

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	

# Application Form In Kind Assistance 2324

## Form Preview

Main business location

Must be an ABN.

### Contact Person for the Auspicing Body

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### Contact - Auspicing Body Phone Number

Must be an Australian phone number.

### Contact - Auspicing Body Email

Must be an email address.

## Applicant Contact Details

\* indicates a required field

### Applicant Organisation Name \*

Organisation Name

### Contact Person for the Application \*

Organisation Name

### Contact Phone Number \*

Must be an Australian phone number.

### Organisation Email \*

Must be an email address.

### ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

# Application Form In Kind Assistance 2324

## Form Preview

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

### Organisation Postal Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### How many members does your organisation currently have? \*

Must be a number.

### Please outline the participation of volunteers as part of the event/project \*

Planning, organisation, delivery etc

## In Kind Assistance Program Request

\* indicates a required field

### Event/Project Name \*

If request relates to an event.

### Event Project Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.  
Where the requested works are to take place.

### What is the proposed start date of your requested works? \*

# Application Form In Kind Assistance 2324

## Form Preview

Must be a date.

PLEASE NOTE: Please allow up to 6 weeks for approval.

### What is the proposed finish date of your requested works? \*

Must be a date.

PLEASE NOTE: Please allow up to 6 weeks for approval.

### What district will this event be physically located in? \*

- ☐ Chinchilla & District
- ☐ Dalby & District
- ☐ Jandowae & District
- ☐ Miles & District
- ☐ Tara & District
- ☐ Wandoan & District

### Have you booked a Council venue? \*

- ☐ Yes
- ☐ No

### Which Council venue will you be using?

### Are the works requested being undertaken on Council owned or controlled facilities, land and/or roads? \*

- ☐ Yes
- ☐ No

If Yes - Contact your local Customer Service Centre. You may require further permissions or approvals.

### Does this request relate to the closing of a road and/or use of Council Road Signage? \*

- ☐ Yes
- ☐ No

### Road Closure & Road Closure Signage

Road closures and/or the use of Council road closure signage require a TGS (Traffic Guidance Plan). If you do not have a TGS you will be required to have one created prior to the submission of this application. Closure of state roads require additional permissions from Main Roads and closure of local roads require additional permission from Council to accompany your TGS.

These approvals can take some weeks, so please plan ahead to ensure your application is submitted well in advance.

If you are unsure of the process to legally close a road please contact the Grants team to assist you with the process.

### Does your request require the display of street banners? \*

- ☐ Yes
- ☐ No

# Application Form In Kind Assistance 2324

## Form Preview

### Does your request require the use of Council Event Bins? \*

- ☐ Yes  
☐ No

Community groups are responsible for the collection, servicing, cleaning and returning of event bins. Council is only able to arrange collection and return times from specified depots.

### Materials or Services Requested from Council

### Please provide a brief outline of your event/project and your request of Councils support. \*

Description of Requested Works	Date Requested Works	Time/s Required	Location of Requested Works
	Must be a date.	E.g. 9.am for 2 hours	

### Banner Display

Community Groups are responsible for providing, storing, upkeep and repair of banners. Council is only able to arrange for the installation and removal of banners. Specifications for manufacture of street banners to fit Council banner poles can provided.

For further information please contact our Grants team.

Please advise below the quantity of banners, location and requested display dates for your street banners.

### Request Town & Location of Display \*

### Requested Amount of Banners to Display \*

Must be a number.

### Proposed Commencement Date \*

Must be a date.

### Council Event Bins

Community Groups are responsible for the collection, servicing (you must organise with the contractor for the Event bins you are using to be serviced), cleaning and returning of Event bins.

# Application Form In Kind Assistance 2324

## Form Preview

Council is only able to arrange for your organisation to collect and return bins from specified depots within scheduled working hours.

\*

- ☐ Chinchilla - 20 Bins
- ☐ Dalby - 22 Bins
- ☐ Miles - 17 Bins
- ☐ Tara - 10 Bins
- ☐ Wandoan - 8 Bins

### Number of Bins Required \*

Must be a number.

### Traffic Guidance Plan \*

Attach a file:

Please upload your current traffic guidance plan

### Approval Documentation \*

Attach a file:

Main Roads, Council Approval

## Agreement

\* indicates a required field

I confirm that:

- 1.The details in this application and any attachments are lawfully true and correct; and
- 2.I have been legally authorised to make this application by the governing body of the organisation for which this application is being made; and
- 3.The organisation named in this application accepts all legal and financial responsibility associated with this application and any funds granted should this application be successful.

\*

- ☐ Agreed