

Application Form Reimbursement Program 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 Reimbursement 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 Reimbursement Program guidelines and the over-arching Community Grants - Council Policy by clicking [here](#) prior to completing this application form.

The maximum benefit, if approved, will be up to \$1,000 per annum and will be paid on a current policy receipt only.

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

I have read the Reimbursement 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 volunteer committee responsible for the management of a Council owned facility or a facility Council is trustee for or an approved user group or support group of such facility? *

- ☐ Yes
☐ No

Name of the Council facility for which the application is being made. *

Application Form Reimbursement Program 2324

Form Preview

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
☐ No

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

- ☐ Yes
☐ No

Does your organisation own or operate a commercial licensed premises full time? i.e. A licensed premises that is operated primarily as a commercial business rather than as a member service. *

- ☐ Yes
☐ No

Is your organisation a political or religious group? *

- ☐ Yes
☐ No

Applicant Contact Details

* indicates a required field

Applicant Organisation *

Organisation Name

Applicant Project Contact

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Organisation Postal Address *

Address

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

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

Contact Phone Number *

Must be an Australian phone number.

Organisation Email *

Must be an email address.

Application Form Reimbursement Program 2324

Form Preview

Applicant 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

How many members does your organisation currently have? *

Must be a number.

Please provide a brief outline of how your volunteer organisation contributes to well utilised community facilities *

Reimbursement Details

* indicates a required field

What is this application for? *

- ☐ Public Liability Insurance
- ☐ Council Building or Planning Fee

Public Liability Insurance ONLY

* indicates a required field

Please refer to your Insurance invoice, if your invoice states that this insurance is apart of a 'package' please contact your insurance broker to provide your organisation a breakdown of the public liability insurance inclusive of contents.

Request that your broker provide the breakdown for the Premium, Stamp Duty and GST of the premium exclusive of fees.

Application Form Reimbursement Program 2324

Form Preview

Please upload a copy of the original tax invoice *

Attach a file:

Please upload a copy of the payment receipt *

Attach a file:

Supporting Documentation

Attach a file:

Please upload any supporting documentation/emails from your broker identifying breakdowns if they do not match your original invoice

Premium of Public Liability ONLY	GST on Public Liability Premium	Stamp Duty	Total amount requested for reimbursement
\$	\$	\$	\$
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Council Building or Planning Fees ONLY

* indicates a required field

What type of fee was paid? *

- ☐ Building
- ☐ Planning

Total amount of fee paid to Council *

Must be a dollar amount.

Total amount requested for reimbursement *

Must be a dollar amount.

Please upload a copy of the original tax invoice *

Attach a file:

Please upload a copy of the payment receipt *

Attach a file:

Please state the reason this fee was paid *

Application Form Reimbursement Program 2324

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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