## **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 \$4,000.00 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. \*

O Proceed

### Initial Criteria

\* indicates a required field

Appli	cant Organisation Name *	
-		olication for a
Is you		

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) *  O Yes O 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 aged care facility) *  O Yes O No
Is this application being auspiced by an incorporated association? You only require an auspicing body if your organisation is NOT incorporated. *  O 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:
In Kind Assistance Program Request
* indicates a required field
Event / Project Name *
Please outline the participation of volunteers as part of the Event / Project *
Planning, organisation, delivery, etc.
What is the proposed start date of your requested works? *
Must be a date. PLEASE NOTE: Please allow up to 6 weeks for approval.
What is the proposed end 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
Are the works requested being undertaken on Council owned or controlled facilities, land and/or roads? *  O Yes O No If YES, please answer the next question
If YES, outline which Council facility, land and/or road will you be using?
Please indicate Council works you are requesting *  ☐ Road Closure & Road Closure Signage ☐ Materials and/or Services ☐ Town Banner Display ☐ Council Event Bins At least 1 choice must be selected.
Road Closure & Road Closure Signage
* indicates a required field
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. Please use the below link to create an application for approval:
https://www.wdrc.qld.gov.au/Services-Payments/Roads-Drainage-Paths/Working-in-the-Road-Corridor
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.
Traffic Guidance Plan * Attach a file:
Please upload your current Traffic Guidance Plan
Approval Documentation * Attach a file:

Main Roads approval and/or Council approval

<ul><li>Yes</li><li>No</li></ul>	ting the use of Co	Julicii Road Closu	ire signage:	
Are you reques  O Yes O No	ting WDRC staff t	o operate the ro	ad closure? *	
Please be advised t	that this will depend o	on the availability of t	rained staff	
Please provide	any additional in	formation about	your requested	works
Works Reque	sted			
Description of Requested Works	Location	Date of Request	Start Time	Finish Time
E.g. Supply road	E.g. Heeney Street	Must be a date.	E.g. 10am	E.g. 2pm

### Materials and/or Services

closure signage

Through the In Kind Assistance Program, Council offers materials and services within the scope of its core business.

Some examples of materials and services that can be considered are as below:

- Use of a water truck for dust suppression at an event
- Grading of an entryway prior to an event

at Chinchilla

- Supply and delivery of crusher dust to repair a surface
- Mowing prior to an event
- Provision of staff to assist with setting up an event (*Please advise of the number of staff required*)

Please note that Council prioritises the delivery of it's core business, and as such may not be able to approve your requests. This can be subject to current events, as well as the availability of staff and equipment.

Works Requested

Description	Location	Date of Request Start Time	<b>Finish Time</b>
of Requested			
Works			

E.g. Water truck for Race Day	E.g. Tara Race Club	Must be a date.	E.g. 10am	E.g. 2pm

### Additional Information

Ы	ease pr	ovide any	additional	information	about your	requestea	works

## Town Banner Display

Around the region, Council displays banners advertising various local and regional events.

Proposals can be put forward for consideration for community groups to use the banner poles to display their own banners. This is dependent on alignment with the pre-arranged banner display schedule.

Community groups are responsible for the creation and supply of their own banners. Community groups are further responsible for the storage, upkeep and repair of their banners.

If your organisation is considering the creation of banners, please contact the Grants Team for the specifications for manufacture of town banners.

Requests for banner display must be received a minimum of 12 weeks prior to your proposed display date.

Location	Proposed Commencement Date	Proposed Completion Date	Number of Banners
E.g. Heeney Street, Chinchilla	Must be a date.	Must be a date.	Must be a whole number (no decimal place).

### Council Event Bins

\* indicates a required field

A number of Event bins are available for community groups to utilise. Community groups are responsible for the following:

- collection from relevant Council depot
- servicing (you must organise with the contractor for the Event bins you are using to be serviced at your cost)
- cleaning of the bins
- returning to the relevant Council depot

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

It is expected the the bins are returned in the same condition that they are supplied. The cost of repairing any damages will be invoiced to your organisation.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.
Name *  O Individual Organisation Organisation Name
Title First Name Last Name
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
Contact Person for the Application * Title First Name Last Name
Contact Phone Number *
Must be an Australian phone number.
Organisation Email *

Must be an email address.

Applicant ABN *	Аp	plic	ant	<b>AB</b>	N	*
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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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Organisation Address *						
Address						

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

Must be a whole number (no decimal place).

## 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.

#### The person named hereafter \*

Title First Name Last Name

Ag	rees t	to the above	terms and	conditio	ns :
0	Yes				