

Application Form In Kind Assistance 24/25

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 \$3,000.00 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. *

Proceed

Initial Criteria

* indicates a required field

Applicant Organisation Name *

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

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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 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) *

- 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:

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.

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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? *

- Yes
- 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:

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Main Roads approval and/or Council approval

Are you requesting the use of Council Road Closure signage? *

- Yes
- No

Are you requesting WDRC staff to operate the road closure? *

- Yes
- No

Please be advised that this will depend on the availability of trained staff

Please provide any additional information about your requested works

Works Requested

Description of Requested Works	Location	Date of Request	Start Time	Finish Time
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E.g. Supply road closure signage	E.g. Heeney Street at Chinchilla	Must be a date.	E.g. 10am	E.g. 2pm

Materials and/or Services

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
- 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 of Requested Works	Location	Date of Request	Start Time	Finish Time
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E.g. Water truck for Race Day	E.g. Tara Race Club	Must be a date.	E.g. 10am	E.g. 2pm

Additional Information

Please provide any additional information about your requested 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

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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.

Location *

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

Number of Bins Required *

Must be a whole number (no decimal place).

Proposed Collection Date *

Must be a date.

Proposed Return Date *

Must be a date.

Please visit the Council website to find out the scheduled service date for your area. You will need to factor this into your Proposed Return Date. <https://maps.wdrc.qld.gov.au/connect/analyst/mobile/#/main?mapcfg=%2FAnalyst%2FNamedProjects%2FWaste%20Collection>

Auspecting Organisation Details

* indicates a required field

Name of Incorporated Organisation who is auspecting 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.

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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.

Name *

Individual Organisation

Organisation Name

Title First Name Last Name

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Phone Number *

Must be an Australian phone number.

Organisation Email *

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Must be an email address.

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	
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Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Organisation Address *

Address

How many members 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

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Agrees to the above terms and conditions *

Yes