

# Application Form Reimbursement Program 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 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 \$1,000.00 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

#### Applicant Organisation Name \*

Organisation Name

**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 facility for which the application is being made \***

# Application Form Reimbursement Program 24/25

## Form Preview

**If NO, please outline the significant public benefit demonstrated by the facility**

## Public Liability Insurance

\* indicates a required field

Please refer to your Insurance invoice. If your invoice states that this insurance is a part of a 'package' please contact your insurance broker to provide your organisation a breakdown of the public liability component of the insurance.

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

**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

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

## Applicant Contact Details

\* indicates a required field

**Applicant Project Contact \***

Title      First Name      Last Name

# Application Form Reimbursement Program 24/25

## Form Preview

### Organisation Postal Address \*

Address

  

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.

### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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

Must be a number.

### Please outline the role of volunteers in your organisation, and how they participate in the management of your facility. \*

Word count:

# Application Form Reimbursement Program 24/25

## Form Preview

**Please outline how your organisation and facility supports and connects with your local community. \***

Word count:

## 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