Application Form Reimbursement Program 2627

Form Preview

Important Notice

* indicates a required field

Guidelines

Western Downs Regional Council is committed to handling your personal information in accordance with the *Information Privacy Act 2009* (Qld) and the Queensland Privacy Principles (QPPs).

QPP 5 obliges Council to advise you of certain matters when collecting your personal information.

This collection notice sets out those matters, and explains how we will manage the collection, use, disclosure and storage of your personal information.

The personal information collected on this form will be used to process applications under the Reimbursement Program. The personal information you supply on this form in accordance with *Local Government Act 2009*.

If you choose not to provide your personal information, for example your name and contact details, Council will not be able to consider your grant application.

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.

Council's privacy policy explains how you may request access to and/or seek correction of your personal information. Council's policy also explains how you can complain to Council if you consider Council has breached its obligations to manage your personal information in accordance with the QPPs, and how we deal with privacy complaints.

If you have any questions about how your personal information will be handled, please contact Council on telephone 1300 268 624 or info@wdrc.qld.gov.au.

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 *

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

Application is beng made for reimbursement of: *
- ○ Public Liability Insurance
- ○ Council Planning and Building Fees

Public Liability Insurance ONLY

* 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 request a breakdown of the public liability component of the insurance.

Request that your broker provide the breakdown for the Premium, Stamp Duty, and the GST of 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:

Please upload a copy of the Certificate of Currency *
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

Please upload a copy of the orgaisation's most recent bank statement *
Attach a file:

Please confirm that any approved funds should be deposited into the bank account as above. *
○ Yes

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 Planning and Building Fees ONLY

* indicates a required field

What type of fee was paid? *
○ Planning
○ Building

Please state the reason this fee was paid *

Total 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 tax invoice *
Attach a file:

Please upload a copy of the payment receipt *
Attach a file:

Applicant Contact Details

* indicates a required field

Applicant Project Contact *
Title First Name Last Name

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

Word count:

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