

APPLICATION FORM

Please read the information provided prior to completing the form. For inquiries or assistance with your application phone Council Customer Service Centre on (07) 46711122

APPLICANT DETAILS:

Full name of Group/Organisation: _____
Postal Address: _____ Post Code: _____
Contact Person _____
Contact Number _____ (W) _____ (AH) _____ (FAX)
Email _____
Position held within Group/Organisation _____

CERTIFICATION:

To be signed by the Chair or President and Treasurer of the organisation.

- I certify that to the best of my knowledge the statements made within this application are true.
- I understand that if the Goondiwindi Regional Council approves a donation, I will be required to accept the conditions of the donation in accordance with Goondiwindi Regional Council as outlined in the donation application guidelines.

Name: _____ (Chair / President)

Signature: _____ Date: _____

Name: _____ (Treasurer)

Signature: _____ Date: _____

PREVIOUS GRANTS

Have you previously received a donation from the Council? Yes No

If YES, please give details of the donation received, name of the project and the date it was received.

PROJECT / ACTIVITY DETAILS

IMPORTANT – IN KIND WORK

If the assistance sought is for “in kind” support, contact must be made with the relevant section within Council prior to completion of this application, so that an estimate of cost can be provided. This amount should be clearly identified in the section below and included in “Total Cost of Project/Activity”.

The attached form, “Estimate – In Kind Support” must be fully completed, signed and submitted with the application.

****Please note that if the above form has not been fully completed or is not lodged with the application, the application will be returned for completion and resubmission.**

Project / Activity Details. Please attach any relevant supporting documentation; i.e. quotes.

Please describe how your program / project / event, meets or will benefit the Goondiwindi Regional Council community and/or environment.

Proposed Commencement date and duration of Program / Project.

Main Location of Activities for this Program / Project / Event

Total Cost of Project / Activity

Amount Sought

\$ _____

\$ _____

Status of Organisation

(a) Does the organisation have any debts (eg Rates) owing to Council? Yes No

(b) Does your organisation have an ABN?

Yes → ABN no. _____ GO TO (c)

No → Complete the attached Statement by a Supplier form. GO TO (d)

(c) Is your organisation registered or required to be registered for GST?

Yes – You must lodge with this application, a completed Tax Invoice for the amount sought inclusive of GST.

(Note: The Tax Invoice should include at the minimum, the information shown on the attached Sample A)

No - You must lodge with this application, a completed Tax Invoice for the amount sought.

(Note: The Tax Invoice should include at the minimum, the information shown on the attached Sample B)

NOTE: A tax invoice is not required for “In Kind” assistance for **Plant & Equipment.**

(d) Please note that if a properly completed Tax Invoice or Statement by a Supplier form is not submitted with this application, the application will be returned for completion and resubmission.

ESTIMATE – IN KIND SUPPORT

If the assistance sought includes “in kind” support, contact must be made with the relevant section within Council to obtain an estimate of cost.

IMPORTANT – THIS FORM MUST BE FULLY COMPLETED & LODGED WITH YOUR APPLICATION.

** If the “in kind” support involves the use of Council’s plant and equipment (e.g. tractor & slasher, water truck) contact should be made with Council’s Director of Technical Services on (07) 46711122.*

If the “in kind” support is for some other purpose (e.g. waiving of fees for the hire of a Council facility) please contact Council’s Customer Service Centre on (07) 46711122.

IMPORTANT – If the application is to waive hire fees or regulatory fees, in accordance with Council’s policy, the applicant must pay the full amount of the fees to Council, with a refund of the amount approved (if any) being made to the applicant.

Name and Date(s) of Event/Function

Brief description of assistance sought including an estimate of time each item required if plant (e.g. grading access road to grounds, grader 2 hours. Waive hire fee for Texas Sport Centre)

Name of Group/Organisation

Signature of Applicant

Council use: Complete below or provide applicant with a signed quotation.

Estimate of cost: \$ _____ ex GST/Incl GST

Name of Council Officer providing estimate

Signature of Council Officer providing estimate

Date estimate provided / /

SAMPLE A (ABN AND REGISTERED FOR GST)

ABC Association Inc <Your Group/Organisation Name
PO Box 123 <Your Group/Organisation Address
TEXAS QLD 4385

ABN: 11 222 333 444 <Your Group/Organisation ABN

1st January 2009 <Date

To: Chief Executive Officer
Goondiwindi Regional Council
LMB 7
INGLEWOOD QLD 4387

TAX INVOICE

Contribution towards xyz	\$300.00
GST	\$ 30.00
Total including GST	<u>\$330.00</u>

SAMPLE B (ABN BUT NOT REGISTERED FOR GST)

XYZ Association Inc <Your Group/Organisation Name
PO Box 123 <Your Group/Organisation Address
INGLEWOOD QLD 4387

ABN: 11 222 333 555 <Your Group/Organisation ABN

1st January 2009 <Date

To: Chief Executive Officer
Goondiwindi Regional Council
LMB 7
INGLEWOOD QLD 4387

TAX INVOICE

Contribution towards xyz	\$300.00
Total	<u>\$300.00</u>

This invoice includes GST of :\$0.00

