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MAJOR EVENTS APPLICATION FORM

Applicant Details

Contact Name: _____

Address: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Organisation's Name: _____

Incorporated: No Yes If yes, Incorporation Number: _____

If no, the name of an Incorporated Patron: _____

Their contact details and Number: _____

ABN: No Yes If yes, ABN: _____

GST Registered: No Yes Public Liability Cover: No Yes

Description of the Proposal:

What is your proposal? Please outline your project or activity:

Location of the Project or Event: _____

Date for the Project or Event: _____

Any Deadlines (e.g. for media activity, bookings, etc): _____

Who will benefit from this project, and how? Where are they located? What are the cross benefit or fundraising opportunities for other North Burnett community groups?

Outline how you will engage your community or the target group. How will you ensure good awareness and participation? (e.g. what promotion, marketing or communication will you use?)

Clarify your ability to successfully complete this project and plan to ensure self-sufficiency and event sustainability for future years. Summarise the partners, sponsors, volunteers or workers / staff you can access to support this project. What are their roles?

Requested Contributions from North Burnett Regional Council (NBRC):

Please note that Council calculates grants on the total of CASH AND INKIND requests.

Total Cost of the Project or Event: _____

CASH Amount Requested from NBRC (Max \$5,000): \$_____

Please use the Budget Template (next page). List ALL expenditure in the Budget. Indicate which items the Council grant will cover by placing the costings in the NBRC \$ column.

Preferred Payment Method:

If the application is successful, do you prefer: cheque electronic payment

For electronic payments only: BSB: _____ Account Number: _____

Account Name: _____

If you're not sure how to fill in the inkind section of the Budget Template - especially when it comes to working out the value of the inkind items, talk to your local Grant Officer. Tips on how to calculate inkind can also be found in the 'Getting Started' assistance kit.

Community Grant Budget Template:

COMMUNITY PROJECT NAME:						
Note - Inkind does NOT incur GST. A flat 10% GST calculation on cash items ONLY is recommended.	NBRC \$		Other Sources \$			Total
	Cash	In kind	Cash	In kind	Source	
List ALL expenditure items in this column	Cash	In kind	Cash	In kind	Source	Total
<u>GST exclusive amount (total of budget items)</u>		<u>NIL</u>		<u>NIL</u>	<u>N/A</u>	
<u>GST amount (10% of GST exclusive amount)</u>		<u>NIL</u>		<u>NIL</u>	<u>N/A</u>	
		NIL		NIL	N/A	
<u>TOTAL: GST inclusive amount (GST exclusive amount plus GST added)</u>		NIL		NIL		

INKIND Contributions Requested from NBRC:

None

- Staff assistance Venues (halls, grounds, etc) Light Equipment (stages, bins, screens, etc)
- Heavy Equipment (earthmoving, forklift, vehicles, etc)
- Other _____

Please outline your inkind needs, e.g. what kind of staff assistance or equipment?

Matching Contribution from Applicant:

Can you match Council’s contribution dollar for dollar? No Yes

Have you sourced other cash or resources? If so, use the ‘Other Sources’ column in the Budget Template to show what items of expenditure you have covered.

If you have not yet sourced sufficient cash and resources, describe how you plan to go about this:

Attachments: * denotes required

- Treasurer’s most recent report* Statement by Supplier* (if you don’t have an ABN)
- Certificate of Incorporation* (your group or your patron)
- Copies of Public Liability Insurance; or a brief outline of how you intend to manage any liabilities or risks for events or community activities / projects*
- Any evidence of community support, e.g. survey, petition, letters,
- Any evidence of community support for your proposal, e.g. survey, petition, letters,

Acknowledgement:

Upon signing and lodging this application, you acknowledge that you have read, understood, and agree to abide by, the North Burnett Regional Council’s Grant Conditions, Guidelines, Policies and Eligibility Criterion.

Signature: _____ Date: _____

Name of Signatory (please print): _____

Position in Organisation: _____

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