**IMPORTANT INFORMATION FOR APPLICANTS:** Please note this application should be completed using the Mount Isa City Council In-Kind Sponsorship Guidelines as reference. This application process is also available online at www.mountisa.qld.gov.au

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| 1. **IN-KIND PRODUCTS**   **(tick required items)**    ***All in-kind services provided by Council are dependent on operational priorities, availability of resources, and annual budget allocation.*** | In-Kind Sponsorship up to $1,500 in value:  Supply of Council Marquee  Supply of 240L Wheelie Bins (min 10)  Supply of Skip Bins Size \_\_\_\_\_\_\_\_\_ Qty \_\_\_\_\_\_\_\_  Use of a Council Controlled Car Park – Half Day  Use of a Council Controlled Car Park – Full Day  Pumping of Septic Tank and Disposal of Liquid Waste  Splashez Venue costs  Effluent Water Qty \_\_\_\_\_\_\_\_\_\_ Litres  Potable Water Qty \_\_\_\_\_\_\_\_\_\_ Litres  Bore Water Qty \_\_\_\_\_\_\_\_\_\_ Litres  Other\* (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Please Note: You must provide Council with a minimum of**  **three (3) weeks notice for requested services.** | | |
| 1. **APPLICANT ORGANISATION** | Click here to enter text. | | |
| **Postal Address** | Click here to enter text. | | |
| **Contact Person** | Click here to enter text. | | |
| **Contact Details** | Phone  (Business Hours) | | Mobile |
| Click here to enter text. | | Click here to enter text. |
| **Email Address** | Click here to enter text. | | |
| **Organisation’s ABN** | Click here to enter text. | | |
| **Are you Not-For-Profit?** | Yes  No | | |
| 1. **PROJECT**   **Please describe the project or event** | Project/Event Name:  Click here to enter text. | | |
| Short Description:  Click here to enter text. | | |
| How will this project/event benefit the community?  Click here to enter text. | | |
| Expected number of attendees?  Click here to enter text. | | |
| **Commencement of project or date of event** | Click here to enter text. | | |
| 1. **LOCATION OF PROJECT OR EVENT** | Physical address (site of project/event)  Click here to enter text. | | |
| **Are the requested items to be delivered to the site?** | Yes Date to be delivered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_  ­­  Date to be collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Date to be collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_  N/A | | |
| 1. **SUPPORTING DOCUMENTS**   **Please attach all supporting documents as these are mandatory for assessment** | Landowner consent for project or event. (mandatory)  Incorporation Certificate or proof of charity status. (mandatory)  Other relevant supporting documentation, please list:  1.    2.  3. | | |
| 1. **CERTIFICATION**   **Must be signed by an executive member of the organisation** | * I certify, to the best of my knowledge, that the statements made in this application are true and correct. * I understand that approval of this application is subject to availability of resources and annual budget allocation. * I understand that the Mount Isa City Council does not accept any liability or responsibility for the supported project/event and that it is the responsibility of the applicant to have appropriate insurance cover. * I have not applied for funding under any Council Grants streams for this event or project this financial year. * I certify that the organisation does not have any overdue debts with Council. * I agree that my organisation is liable for any damages to Council property. * I certify that I am duly authorised to act on behalf of the organisation for this application.   **Name:**  **Executive Position Held:**  **Signature:** **Date:** | | |
| 1. **LODGEMENT OF APPLICATION** | **Post to:** Mount Isa City Council  PO Box 815  Mount Isa Qld 4825  **Deliver to:** Mount Isa City Council Administration Office  23 West Street, Mount Isa  **Email to:** city@mountisa.qld.gov.au  ***Please contact Council’s Community Development Officer on***  ***(07) 4747 3200 for further assistance with this application.*** | | |
| ***PRIVACY NOTICE****: Mount Isa City Council collects your personal information for the purpose of processing this application. Council will retain these details to contact you with regards to any Council related matters. Your personal details are handled in accordance with the Information Privacy Act 2009 and will be used for the purposes of responding to you and will not be disclosed to any other person or agency external to Council without your consent, unless required or authorised by law.* | | | |
| **OFFICE USE ONLY** | | | |
| **Budget Available  No Overdue Debts  No Other Council Funding**  **Organisation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Items to be supplied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Estimated Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_** | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Recommendation: Approve/Decline**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Booked with:  P&D  Local Laws  Waste  Water & Sewer  Other \_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation Email Attached** | | | |