**Correspondence:** Chief Executive Officer **Website:** [www.mountisa.qld.gov.au](http://www.mountisa.qld.gov.au) **ABN:** 48 701 425 059

PO Box 815 MOUNT ISA QLD 4825 **Phone:** (07) 4747 3200

**Street Address:** 23 West Street, Mount Isa **E-mail:** [city@mountisa.qld.gov.au](mailto:city@mountisa.qld.gov.au) **Fax:** (07) 4747 3209

|  |  |
| --- | --- |
| **OFFICE USE** | |
| **Organisation** |  |
| **Project/Event** |  |
| **Amount** |  |
| **Year/Round #** |  |
| **Doc ID #** |  |

**Check List**

**Where indicated by an image of a red paperclip documents MUST be attached to the application. Please refer to the** ***Community Grants & Sponsorship Guidelines*** **for further information.**

****  All questions have been answered in full.

****  The appropriate person/s has signed the application certification. Unsigned or electronically signed applications will not be considered.

****  Incorporation Certificate or Australian Taxation Office Endorsement as a charity, tax exempt fund or deductible gift recipient.

****  Public Liability Certificate of Currency ($20 million value is **compulsory**)

****  Latest audited financial statements (including balance sheet, income and expenditure statements, and profit and loss statement)

Site plan setting out the existing infrastructure and the potential work to be carried out

** must** be attached if holding a large event, extending a building or renovating.

****  Letters of support from stakeholders as evidence of community consultation.

****  Permits or Landowners permission eg. fireworks, park hire, use of land etc.

Risk management plan – **must** be attach if holding a large event, extending a building or renovating.

You have kept a copy of your application

*PRIVACY STATEMENT - The information collected on this Form will be used by the Mount Isa City Council Finance Department in accordance with the processing or assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Information Privacy Act 2009). This information may be stored in the Council database. The information collected will be retained by the Public Records Act 2002.*

**IMPORTANT INFORMATION FOR APPLICANTS:** Please note this application should not be completed without reference to the Mount Isa City Council Community Grants & Sponsorship Program Guidelines. This application process is also available online at www.mountisa.qld.gov.au

**Section A**

**Information about the applicant**

**Q1 Name of Organisation** *(as per incorporation certificate, charity register or other)*

|  |
| --- |
| Click here to enter text. |

**Q2 Briefly outline the nature of your organisation and its primary purpose.**

|  |
| --- |
| Click here to enter text. |

**Q3 Please select**

**Accountable Officer** *(e.g. President, CEO, Management Committee Member – all correspondence will be sent to this person)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click here to enter text. | Address | Click here to enter text. |
| Position | Click here to enter text. | Suburb | Click here to enter text. |
| E-mail | Click here to enter text. | Postcode | Click here to enter text. |
| Mobile | Click here to enter text. | Phone | Click here to enter text. |

**Private Consultant** *(please fill in your details in the box below* ***and*** *the Accountable Officer above – correspondence will go to both the Accountable Officer and Private Consultant)*

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name | Click here to enter text. | Address | Click here to enter text. |
| Name | Click here to enter text. | Suburb | Click here to enter text. |
| Position | Click here to enter text. | Postcode | Click here to enter text. |
| E-mail | Click here to enter text. | Contact No | Click here to enter text. |

**Project Sponsor** *(A project sponsor is required when the applicant organisation is not incorporated, but the Project Sponsor must be incorporated – all correspondence will be sent to this person only)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click here to enter text. | Address | Click here to enter text. |
| Position | Click here to enter text. | Suburb | Click here to enter text. |
| E-mail | Click here to enter text. | Postcode | Click here to enter text. |
| Mobile | Click here to enter text. | Phone | Click here to enter text. |

**Q4 Organisation’s address**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | Click here to enter text. | PO Box | Click here to enter text. |
| Suburb | Click here to enter text. | Suburb | Click here to enter text. |
| State | Click here to enter text. | State | Click here to enter text. |
| Postcode | Click here to enter text. | Postcode | Click here to enter text. |

**Q5 Is your organisation registered for GST?** YesNo

**Q6 Is your organisation an incorporated ‘not for profit’ entity or a company limited by guarantee that has been endorsed by the Australian Taxation Office as a charity, tax exempt fund or deductible gift recipient?**

Yes*(please attach a copy of your Incorporation Certificate of Australian Taxation Office Endorsement as a charity tax exempt fund or deductible gift recipient)*

No *(ineligible application)*

**Q7 Does your organisation hold public liability insurance of $20 million?**

Yes*(please attach a copy)*

No *(ineligible application. Public liability insurance to the value of $20 million is compulsory)*

**Q8 Does your organisation have any debts (e.g. general rates, excess water) owing to Council? If so, have you an approved payment plan with Council?**

Yes*(please provide details below)* No *(go to Q10)*

|  |
| --- |
| Click here to enter text. |

**Q9 Has your organisation received previous Council Sponsorship?**

YesDate of funding: Click here to enter a date. No *(go to Q11)*

Amount:

Description: Click here to enter text.

**Q10 Has your organisation acquitted the Council Sponsorship?**

Yes  No *(please provide details below)*

|  |
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|  |

**Section B**

**Project/Event Details**

**Q11 What is your event name?**

|  |
| --- |
| Click here to enter text. |

**Q12 Where is the event being held?**

|  |
| --- |
| Click here to enter text. |

**Q13 Does your project/event require permits, or licences?** *(please attach paperwork)*

Council Park Hire  Yes  No  Not applicable

Temporary Food or liquor License  Yes  No  Not applicable

Other (please list)  Yes  No  Not applicable

**Q14 Does your project/event have written permission from the landowner or a confirmed booking?**

Yes (attach copy of letter)  No  Not applicable

**Q15 Briefly describe the event.**

(*Please attach any relevant supporting documentation or further information as required.)*

|  |
| --- |
| Click here to enter text. |

**Q16 Event budget** *(please fill in budget form attached to the application)*

|  |  |
| --- | --- |
| Total Event Budget | $ Click here to enter text. |
| Sponsorship Amount Request | $ Click here to enter text. |

**Q17 Level of sponsorship your organisation is offering or the benefits your organisation is offering to Council** *(e.g. Gold, Silver, Bronze, Naming Rights etc)*

(*Please attach brochure, sponsorship prospectus or relevant supporting documentation.)*

|  |
| --- |
| Click here to enter text. |

**Q18 Expected event date**

*(Note - commencement of the event before funding approval is received will make the project ineligible- refer to the guidelines for funding timelines)*

|  |  |
| --- | --- |
| From | Click on drop down box to select date |
| To | Click on drop down box to select date |

**Q19 Event details**

|  |  |
| --- | --- |
| Estimated total attendance | Click here to enter text. |
| Estimated volunteers | Click here to enter text. |
| Type of event *(tick relevant boxes)*  Education  Entertainment  Arts/Culture  Community  Sports  Charity  Environment  Business  Other Click here to enter text.    Target Audience  Children 0 - 12  Youth 13-18  Education  Entertainment  Arts/Culture  Community  Sports | |

**Q20 How will the event benefit Mount Isa City Council residents and have a positive impact on the community?**

|  |
| --- |
| Click here to enter text. |

**Q21 Please provide comprehensive detail of the economic benefit your event/activity will provide to the Mount Isa LGA community?**

|  |
| --- |
| Click here to enter text. |

**Q22 What will the sponsorship funds be used for?**

|  |
| --- |
| Click here to enter text. |

**Q23 Have you applied for funding other than Mount Isa City Council or received funding from any other sources for this event?**

Yes*(please list the sources and amounts below)* No *(go to Q21)*

|  |  |  |
| --- | --- | --- |
| **Funding Name** | **$ Amount** | **Has the Funding Been Accepted?**  **Yes No Waiting on reply** |
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**Q24 How will Mount Isa City Council be recognised for providing Sponsorship if the application is successful?**

Media release  Signage  Social Media  Event Announcement

Website  Advertising  Other - Click here to enter text.

**Q25 How do you plan to measure the success of your event?**

|  |
| --- |
| Click here to enter text. |

**Q26 How does your organisation give back to the community?**

|  |
| --- |
| Click here to enter text. |

**Please provide the budget for the sponsorship your organisation has requested.**

**Note: All figures are to be calculated on ex GST.** *(You may attach a separate project budget if insufficient space below)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expenditure  (Expenditure is the total cost of the project) | Total | Amount of Sponsorship Request |  | Income  (Money generating to cover the total cost of the project. This includes in-kind contribution and the total CSG grant you are seeking) | |
| A. Materials |  |  | F. Cash in Hand | |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | Subtotal F | $ |
|  |  |  |  | |
|  |  |  | G. Donated Materials & Equipment | |
| Subtotal A | $ | $ |  |  |
|  | | |  |  |
| B. Equipment |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal B | $ | $ | Subtotal G | $ |
|  | | |  | |
| C. Labour Hire |  |  | H. Labour in Kind | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal C | $ | $ | Subtotal H | $ |
|  | | |  | |
| D. Other Expenses |  |  | I. Other Income (sponsorship, donations, fundraisings) | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal D | $ | $ | Subtotal I | $ |
|  | | |
| E Total Community Small Grant Request  (transfer this figure to Subtotal K) | | $ | J. Subtotal (F+G+H+I) |  |
|  | |
|  | |  | K. Sponsorship Grant Requested (transferred from E) | $ |
|  | |
| TOTAL EXPENSES  (A+B+C+D) Not E ((Must equal Total Income) | $ | TOTAL INCOME  (J+K) (Must equal Total Expenses) | $ |

**Section C**

**Certification by Organisation**

The certification must be signed by two (2) officers of the organisation, e.g. the president/chairperson and another officer.

I certify that:

1. To the best of my knowledge the information given in this document is true and accurate
2. If funding is allocated to our program, project or event:
   1. I will be required to accept the funding in accordance with the Mount Isa City Council’s conditions of funding including any special conditions (refer to Guidelines.)
   2. The project report and acquittal form accompanied with receipts and invoices will be completed and returned to Council within six (6) weeks from the end of the program, project or event.
   3. I understand that if the conditions of funding are not complied with:
      1. Council will recover the funds allocated
      2. Future applications for funding from Council will not be considered.

Name

|  |
| --- |
| Click here to enter text. |

Position

|  |
| --- |
| Click here to enter text. |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Click here to enter a date.

Name

|  |
| --- |
| Click here to enter text. |

Position

|  |
| --- |
| Click here to enter text. |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Click here to enter a date.

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