Burke Shire Council Donations Request Form

***NOTE:*** *To be considered for Donations from Burke Shire Council please complete and submit this form to the Council.*

|  |  |  |
| --- | --- | --- |
| **(1) Mail:** | **(2) Email:** | **(3) Fax:** |
| Community Development & Administration OfficerBurke Shire CouncilPO Box 90Burketown QLD 4830 | office@burke.qld.gov.auSubject: Donations Request | 4745 5181Attention: Community Development & Administration Officer |

**Section A:** About your organisation

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| **Organisation Name:** |
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| **Purpose or Function:** |
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| **Structure:** |
|  | *Please tick one* |
| Is the organisation a legally incorporated non-profit organisation? | [ ]  Yes | [ ]  No |
|  |
|  | *Please tick one* |
| Do you have a management committee? (e.g. President, treasurer, secretary) | [ ]  Yes | [ ]  No |
| *If yes, please fill in details:* |
| **President Name:** |       |
| **Treasurer Name:** |       |
| **Secretary Name:** |       |
| *If no, explain the organisations decision making process:*(Attach addition sheets of paper if needed) |
|       |

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| **How long has the organisation been established?**  |       | years |
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|  | *Please tick one* |
| **Does your organisation have members?** | [ ]  Yes | [ ]  No |
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| *If yes, how many?*  |       |
|  |
| **Where are your organisation members from?** (eg. Burke Shire, Gregory, Burke Shire School Children etc.) |
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| Contact information for project proposal: |
|  |
| **Contact Name:** |       |
|  |
| **Position:** |       |
|  |
| **Address:** |       |
|  |
| **Phone:** |       |
|  |
| **Fax:** |       |
|  |
| **Email:** |       |
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**Section B:** About the project

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| **Project Title:** |
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| **Project Summary:**(if an event include: date, venue, time etc.) |
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| **How will the project benefit Burke Shire communities?**(Describe below) |
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|       |

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| **Who will participate in this project?** |
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|  |
| *If an event, who is the target audience?*  |
|       |

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| **Donation support requested:***Please tick one* | [ ]  Cash | [ ]  In-kind | [ ]  Both |
|  |
| *If cash, what is the amount?* (Not including GST) | $ |       |
|  |
| **Please note that all requests over $1,000 (cash or in-kind) will require your current financial audited statement to be attached to this submission.***Please tick one* |
| **Do you require rubbish collection support from council?**(Classed as a Council in-kind activity at no cost to the community organisation) | [ ]  Yes | [ ]  No |

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| **Describe the support you would like from the Council and the dates/times the support is to be completed** |
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| **Describe how Council support will be recognised and acknowledged:** |
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|  | *Please tick one* |
| **Has Council supported this project in past years?** | [ ]  Yes | [ ]  No |

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| *What was the value of the last Council contribution made to this organisation?* | $ |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | *D* | *D* |  | *M* | *M* |  | *Y* | *Y* | *Y* | *Y* |
| *What was the date of this contribution?* |  |   |   |  |   |   |  |   |   |   |   |

**Your Contribution:**

|  |
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|  |
| What are you contributing towards the project?(Not including GST) |
| 1. *Own cash contribution*
 | $ |       |
|  |
| 1. *Own in-kind contribution*

 (For volunteer labour costs calculate at $30 per hour) | $ |       |
|  |
|  **Total contribution:** | $ |       |

**Other Contributions:**

|  |
| --- |
|  |
| 1. *Total contribution from others*

 (e.g. Other funding sources) | $ |       |

|  |
| --- |
| **List sources**(e.g. Local business sponsorship, Department of Communities, entry fee from participants, corporate sponsorship etc.) |
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|       |

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| **Total project cost**(council + your + other contributions) | $ |       |
|  |  |  |
| **Any other information you think is relevant to this application?**(e.g. Supporting documents, programmes, flyers/advertisements) |
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**Section C:** Other information

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| **Australian Business Number (ABN) or Australian Company Number (ACN):** |
|  |   |   |  |   |   |   |  |   |   |   |  |   |   |   |

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| **If an organisation, is your organisation:** |
|  | *Please tick one* |
| 1. *GST registered?*
 | [ ]  Yes | [ ]  No |
|  |
|  | *Please tick one* |
| 1. *Incorporated?*
 | [ ]  Yes | [ ]  No |

|  |
| --- |
| *If yes, please provide the incorporation number and year of incorporation:* |
| **Incorporation number:** |  |  |  |   |   |   |  |   |   |   |  |   |   |   |
|  |
|  |  |  |  |  | *D* | *D* |  | *M* | *M* |  | *Y* | *Y* | *Y* | *Y* |
| **Date of incorporation:** |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
|  |
|  | *Please tick one* |
| **Covered by public liability?** | [ ]  Yes | [ ]  No |

**Terms and Conditions**

Submitting a Burke Shire Council Donation Request Form indicated that you understand and accept the following:

1. Completing and submitting an Request Form in no way guarantees funding.
2. Burke Shire Council:
* are not, and will not be, responsible or liable for the accuracy or completeness of any information in, or provided in connection with, this Request Form;
* accept no liability for any loss or damage suffered by any person as a result of that person, or any other person placing reliance on the contents of this Request Form, the Program Guideline or any other information provided by Council;
* reserves the right to exclude any application that does not meet the intent of the Burke Shire Council Donation Request Form;
* reserves the right to clarify information provided in this application;
* reserves the right to request reports on money spent and audited books;
* reserves the right to verify the organisation spending to certify money is being spent on specifications outline in the submitted form;
* must be acknowledged in all promotional and event/related materials;
* must be advised of any changes to the agreed application and conditions and pre-approve additional changes before they are commenced.
1. The applicant must make sure all licensing and permits are complied with.
2. The applicant must supply a final report on completion of the event/project or function.
3. In the result of cancellation of the funded event/project Burke Shire Council is to be advised immediately and all funding is to be returned.
4. Failure to comply with these terms and conditions may jeopardise future applications.

**Certification**

I undersigned, certify that

* I am able to commit the organisation to the project as described
* I have completed all questions on the application form to the best of my ability
* The information contained in the application is true and correct to the best of my knowledge

|  |  |
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| I understand and agree to the above Certification and Terms and Conditions: | [ ]   |
|  |
| Signature |       |
|  |
| Print name |       |
|  |
| Position |       |
|  |  |
| Date |       |
|  |
| **Witness**(Must be over 18 years of age) |
| Signature |       |
|  |
| Print name |       |
|  |
| Position |       |