



# APPLICATION FORM IN-KIND SPONSORSHIP

**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](http://www.mountisa.qld.gov.au)

<b>1. IN-KIND PRODUCTS (tick required items)</b>	In-Kind Sponsorship up to \$1,000 in value: <ul style="list-style-type: none"> <li><input type="checkbox"/> Supply of Council Marquee</li> <li><input type="checkbox"/> Supply of 240L Wheelie Bins (min 10)</li> <li><input type="checkbox"/> Supply of 360L Wheelie Bins (min 10)</li> <li><input type="checkbox"/> Supply of Skip Bins Size _____ Qty _____</li> <li><input type="checkbox"/> Use of a Council Controlled Car Park – Half Day</li> <li><input type="checkbox"/> Use of a Council Controlled Car Park – Full Day</li> <li><input type="checkbox"/> Hire of Chemical Toilets – Single and Disabled Qty _____</li> <li><input type="checkbox"/> Pumping of Septic Tank and Disposal of Liquid Waste</li> <li><input type="checkbox"/> Effluent Water Qty _____ Litres</li> <li><input type="checkbox"/> Potable Water Qty _____ Litres</li> <li><input type="checkbox"/> Bore Water Qty _____ Litres</li> <li><input type="checkbox"/> Other* (Please specify) _____</li> </ul> <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;"><i>* Does not include use of MIETV venues.</i></p> <p style="text-align: center;"><b>Please Note: You must provide Council with a minimum of three (3) weeks notice for requested services.</b></p>	
<b>2. APPLICANT ORGANISATION</b>		
Postal Address		
Contact Person		
Contact Details	Phone (Business Hours)	Mobile
Email Address		
Organisation’s ABN		
Are you Not-For-Profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





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<b>6. CERTIFICATION</b> <b>Must be signed by an executive member of the organisation</b>	<ul style="list-style-type: none"> <li>I certify, to the best of my knowledge, that the statements made in this application are true and correct.</li> <li>I understand that approval of this application is subject to availability of resources and annual budget allocation.</li> <li>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.</li> <li>I have not applied for other Council funding under the Community Grants streams for this event this financial year.</li> <li>I certify that the organisation does not have any overdue debts with Council.</li> <li>I agree that my organisation is liable for any damages to Council property.</li> </ul> <p><b>Name:</b> _____</p> <p><b>Executive Position Held:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>
<b>7. LODGEMENT OF APPLICATION</b>	<p><b>Post to:</b> Mount Isa City Council PO Box 815 Mount Isa Qld 4825</p> <p><b>Deliver to:</b> Mount Isa City Council Administration Office 23 West Street, Mount Isa</p> <p><b>Email to:</b> <a href="mailto:city@mountisa.qld.gov.au">city@mountisa.qld.gov.au</a></p> <p style="text-align: center;"><b><i>Please contact Council's Community Development Officer on (07) 4747 3200 for further assistance with this application.</i></b></p>

**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	
<input type="checkbox"/> Budget Available	<input type="checkbox"/> No Overdue Debts
<input type="checkbox"/> No Other Council Funding	
<b>Processed By:</b> _____	<b>Date:</b> _____
<b>Estimated Value: \$</b> _____	<b>Recommendation:</b> <b>Approve/Decline</b>
<b>Approved:</b> _____	<b>Date:</b> _____
<b>Booked with:</b> <input type="checkbox"/> P&D <input type="checkbox"/> Local Laws <input type="checkbox"/> Waste <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Other _____	<b>Date</b> _____ <b>Confirmation Email Attached</b> <input type="checkbox"/>