



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

1. IN-KIND PRODUCTS (tick required items)	In-Kind Sponsorship up to \$1,500 in value: <ul style="list-style-type: none"> <input type="checkbox"/> Supply of Council Marquee <input type="checkbox"/> Supply of 240L Wheelie Bins (min 10) <input type="checkbox"/> Supply of Skip Bins Size _____ Qty _____ <input type="checkbox"/> Use of a Council Controlled Car Park – Half Day <input type="checkbox"/> Use of a Council Controlled Car Park – Full Day <input type="checkbox"/> Pumping of Septic Tank and Disposal of Liquid Waste <input type="checkbox"/> Splashez Venue costs <input type="checkbox"/> Effluent Water Qty _____ Litres <input type="checkbox"/> Potable Water Qty _____ Litres <input type="checkbox"/> Bore Water Qty _____ Litres <input type="checkbox"/> Other* (Please specify) _____ <p style="text-align: center; margin-top: 20px;"> Please Note: You must provide Council with a minimum of three (3) weeks notice for requested services. </p>	
2. 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
Email Address	Click here to enter text.	
Organisation's ABN	Click here to enter text.	
Are you Not-For-Profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



APPLICATION FORM

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<p>3. PROJECT Please describe the project or event</p>	<p>Project/Event Name: Click here to enter text.</p>
	<p>Short Description: Click here to enter text.</p>
	<p>How will this project/event benefit the community? Click here to enter text.</p>
	<p>Expected number of attendees? Click here to enter text.</p>
<p>Commencement of project or date of event</p>	<p>Click here to enter text.</p>
<p>4. LOCATION OF PROJECT OR EVENT</p>	<p>Physical address (site of project/event) Click here to enter text.</p>
<p>Are the requested items to be delivered to the site?</p>	<p><input type="checkbox"/> Yes Date to be delivered _____ Date to be collected _____</p> <p><input type="checkbox"/> No Date to be collected _____</p> <p><input type="checkbox"/> N/A</p>
<p>5. SUPPORTING DOCUMENTS Please attach all supporting documents as these are mandatory for assessment</p>	<p><input type="checkbox"/> Landowner consent for project or event. (mandatory)</p> <p><input type="checkbox"/> Incorporation Certificate or proof of charity status. (mandatory)</p> <p><input type="checkbox"/> Other relevant supporting documentation, please list:</p> <p style="padding-left: 40px;">1.</p> <p style="padding-left: 40px;">2.</p> <p style="padding-left: 40px;">3.</p>



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<p>6. CERTIFICATION Must be signed by an executive member of the organisation</p>	<ul style="list-style-type: none">• 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. <p>Name:</p> <p>Executive Position Held:</p> <p>Signature: _____ Date: _____</p>
<p>7. LODGEMENT OF APPLICATION</p>	<p>Post to: Mount Isa City Council PO Box 815 Mount Isa Qld 4825</p> <p>Deliver to: Mount Isa City Council Administration Office 23 West Street, Mount Isa</p> <p>Email to: city@mountisa.qld.gov.au</p> <p><i>Please contact Council's Community Development Officer on (07) 4747 3200 for further assistance with this application.</i></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.



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OFFICE USE ONLY

Budget Available No Overdue Debts No Other Council Funding

Organisation Name: _____

Items to be supplied: _____

Processed By: _____

Date: _____

Estimated Value: \$ _____

Recommendation: Approve/Decline

Approved: _____

Name: _____

Date: _____

Booked with: P&D Local Laws Waste Water & Sewer Other _____

Date _____ Confirmation Email Attached