Section A * indicates a required field Information about the applicant Name of Organisation (as per incorporation certificate, charity register or other) * Organisation Name Briefly outline the nature of your organisation and its primary purpose * Word count: What is your role in the organisation? * Organisation's Address * Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. **Applicant Project Contact Details Applicant Contact** First Name Last Name **Applicant Contact Position Applicant Contact Primary Address** Address

Applicant Contact Primary Email

Must be an Australian phone number.

Applicant Contact Primary Phone Number

Must be an email address. A copy of this application will be sent to the email address associated to the SmartyGrants account.
Incorporation Certificate of Australian Taxation Office Endorsement
Is your organisation registered for GST? * ○ Yes ○ No
Is your organisation an incorporated 'not for profit' organisation 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 No
Incorporation Certificate of Australian Taxation Office Endorsement
Please attach a copy of your Incorporation Certificate of Australian Taxation Office Endorsement as a charity tax exempt fund or deductible gift recipient * Attach a file:
Public Liability Insurance of \$20 million
Does your organisation hold public liability insurance of \$20 million? * ○ Yes ○ No
Public Liability Insurance of \$20 million
Please attach a copy of your Public Liability Insurance * Attach a file:
Overdue Debt to Council
Does your organisation have any overdue debts (e.g., general rates, excess water) owing to Council? If so, have you an approved payment plan with Council?
YesNo
Please provide details of the overdue debt below
*

Previous Council Sponsorship Recipient
Has your organisation received a previous Council Sponsorship? * ○ Yes ○ No
Previous Council Sponsorship Recipient Information
What was the date of the sponsorship *
Must be a date.
Please describe the sponsorship *
Acquittal of Council Sponsorship
Has your organisation acquitted the Council Sponsorship? * ○ Yes ○ No
Acquittal of Council Sponsorship Information
If no, please provide details below *
Section B
* indicates a required field
Project Details
What is your event name? *
Where is the event being held? *
If you would like to attach any other paperwork, please do so here Attach a file:
Project Permits
Does your project require permits? *

 □ Council Park Hire □ Temporary Food or Liquor License □ Other □ Not applicable 	
Project Permits Paperwork	
Please attach paperwork * Attach a file:	
Written Permission	
Does your project/event have written permonent confirmed booking? * O Yes O No O Not Applicable	ission from the landowner or a
Written Permission Letter	
If yes, please attach a copy of the letter * Attach a file:	
More Information	
Briefly describe the event *	
Word count: Must be no more than 200 words.	
Total Event Budget *	
Must be a dollar amount. What is the total budgeted cost (dollars) of your proje	ect?
Sponsorship Amount Requested *	
Must be a dollar amount. What is the total financial support you are requesting	in this application?
Level of sponsorship your organisation is organisation is offering to Council (e.g. Gol	

	ord count: st be no more than 200 words.
do	ease attach brochure, spon cumentation. each a file:
Εv	ent Information
Ex	pected Event Start Date *
Mu	st be a date.
Ex	pected Event End Date *
Mu	st be a date.
Est	timated total attendees *
Mu	st be a number.
Est	timated Volunteers *
Mu	st be a number.
Ty	pe of event? * Education Entertainment Arts/Culture Community Sports Charity Environment Business Other:
(tic	k relevant boxes)
	rget Audience * Children 0-12 Youth 13-18 Education Entertainment Arts/Culture Community Sports

How will the event benefit impact on the community?	_	sidents and have a positive
Word count: Must be no more than 200 words		
Please provide comprehen will provide to the Mount I		ic benefit your event/activity
Word count: Must be no more than 200 words		
What will the sponsorship	funds be used for? *	
Word count: Must be no more than 200 words		
Have you applied for fundifunding from any other source Yes No		City Council or received
If yes, please list the so	ources and amounts be	elow
If yes, please list the so	s s	elow Has the Funding Been Accepted?
		Has the Funding Been
Income More Information	suncil be recognised for pr	Has the Funding Been

Word count:			
ust be no more than 20	00 words.		
low does your orga	nisation give b	ack to the comm	nunity? *
rd count:			
pe no more than 20	00 words.		
ase provide th	e budget for	the sponsorsh	ip your
uested	_	•	
	6:	1 12 /	
ase describe each t , cash in hand, dor			
ome	\$	Expenditu	ıre
	<u> </u>		
Budget Totals			
Budget Totals		diture Amount	Income - E
_		diture Amount	Income - E
	Total Expen	nber/amount is	Income - This nu

Certification Paperwork

* indicates a required field

Certification by Organisation

The certification must be signed by two (2) executive officers of the organisation, e.g. thepresident/chairperson and another executive officer. In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.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:

- a. 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)
- b. 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.
- c. I understand that if the conditions of funding are not complied with:
- i. Council will recover the funds allocated
- ii. Future applications for funding from Council may not be considered.

Individual One * First Name	Last Name	
Position *		

In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

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.

Individual Two *		
First Name	Last Name	
Position *		

In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

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.

Creditor Details

Please download the below form and complete the required fields to be set up in our system. This will be used for disbursement if the application is deemed successful.

Creditor Details Form - Mount Isa City Council

or Details form