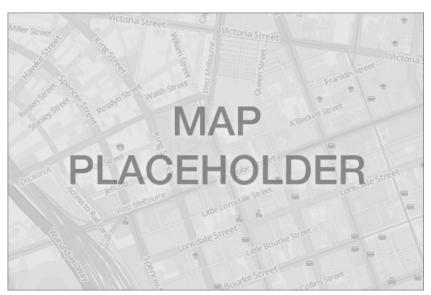
Applicant Organisation

* indicates a required	field
Applicant Organisat Organisation Name	tion *
J	
Applicant Organisat Address	tion's Postal Address *
Applicant Contact * First Name	Last Name
Applicant Contact P	rimary Phone Number *
Must be an Australian ph	none number.
Applicant Contact M	Mobile Phone Number *
Must be an Australian ph	none number.
Applicant Contact P	rimary Email *
Must be an email addres	ss. n will be sent to the email address associated to the SmartyGrants account
Applicant Organisat	
Applicant Organisat	IOII S ADIN
	be used to look up the following information. Click Lookup above to entered the ABN correctly.
	istralian Business Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (C	351)
DGR Endorsed	

	<u>information</u>			
ACNC Registration				
Tax Concessions				
Main business location				
Must be an ABN.				
Are you a Not-For-Profit? * O Yes O No				
In-Kind Information				
* indicates a required field				
In-Kind Sponsorship Product				
Which items are you requiring? * Supply of Council Marquee Supply of 240L Wheelie Bins (minimum 10) Supply of Skip Bins Use of a Council Controlled Car Park - Half Day Use of a Council Controlled Car Park - Full Day Pumping of Septic Tank and Disposal of Liquid Waste Splashez Venue Costs Effluent Water Potable Water Bore Water Other: (tick required items) Supply of Skip Bins				
Size of Bin	Quantity of Bin			
Must be a number.	Must be a number.			
Water Amount				
Quantity (in litres) *				

Must be a number.

Project Information
* indicates a required field
New Section
Project/Event Name *
Short description *
Provide a short description (100 words recommended) of your project - what are you out to do?
How will this project/event benefit the community? *
Word count: Must be no more than 100 words.
Expected number of attendees *
Must be a number.
Commencement of project or date of event *
Must be a date.
Location of Project or Event * Address



Physical address (site of project/event)

Are the requested items to be ○ Yes ○ No ○ N/A	delivered to the site? *
Date to be delivered	
Date to be delivered *	
Must be a date.	
Must be a date.	
Date to be collected	
Date to be collected *	
Must be a date.	

Supporting Documents

* indicates a required field

Please attach all supporting documents as these are mandatory for assessment

Landowner consent for pro	ject or event *
Attach a file:	

Incorporation Certificate or proof of charity status *

Attach	a file:			
Other Attach		suppor	ting docu	mentation

Certification

- 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.

Name First Name	Last Name			
Executive Position Held				
Date				
Must be a date.				

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

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.