

AUSTRALIA DAY EVENT SPONSORSHIP APPLICATION FORM

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the *Information Privacy Act 2009*.

INTRODUCTION

Isaac Regional Council's Australia Day Event Sponsorship program assists local community groups and organisations undertaking events or activities which benefit the community on Australia Day or the Australia Day Public Holiday. Before completing this application, please read the Australia Day Event Sponsorship Guidelines to ensure your application meets the criteria. To complete your application online, go to <https://speakup.isaac.qld.gov.au/isaac-community-grants>

SECTION 1 – GROUP/ORGANISATION DETAILS

ORGANISATION NAME	
APPLICANT'S NAME	
POSITION/TITLE	
ADDRESS	
PHONE	
EMAIL	
IS YOUR GROUP/ORGANISATION INCORPORATED?	<input type="checkbox"/> Yes – Incorporation Number: <input type="checkbox"/> No – You will need a sponsoring body that is incorporated to proceed with this application (please complete Section 2) <input type="checkbox"/> Exempt from incorporation under legislation (P&C Associations or Registered Charity). Please specify:
DOES YOUR GROUP/ORGANISATION HAVE AN ABN?	<input type="checkbox"/> Yes – ABN Number: <input type="checkbox"/> No
IS YOUR GROUP/ORGANISATION REGISTERED FOR GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOUR GROUP/ORGANISATION COVER THE PUBLIC LIABILITY FOR THIS PROJECT/ACTIVITY?	<input type="checkbox"/> Yes – Please provide a copy of the current certificate of currency. <input type="checkbox"/> No NOTE: Public liability coverage of no less than \$20m is required.

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CAN YOU PROVIDE YOUR ORGANISATIONS MOST RECENT AUDITED FINANCIAL REPORT?	<input type="checkbox"/> Yes – Please provide a copy. <input type="checkbox"/> No – Please provide an explanation: NOTE: Your group/organisations audited financial report will have been adopted at your most recent Annual General Meeting and presented to the Office of Fair Trading as part of your Annual Return (Form 32).
CAN YOU PROVIDE A BUDGET FOR YOUR PROJECT/EVENT (MANDATORY)?	<input type="checkbox"/> Yes – Please provide a copy, including written quotes for expenses. <input type="checkbox"/> No – This application is not eligible. NOTE: A budget template can be found on the Council website www.isaac.qld.gov.au/community/isaac-community-grants

SECTION 2 – AUSPICING GROUP/ORGANISATION DETAILS (IF APPLICABLE)

NOTE: If this application is being auspiced by another group/organisation, please provide their details below

NAME	
ADDRESS	
PHONE	
EMAIL	
INCORPORATION NUMBER:	
DOES YOUR GROUP/ORGANISATION HAVE AN ABN?	<input type="checkbox"/> Yes - ABN Number: <input type="checkbox"/> No
IS YOUR GROUP/ORGANISATION REGISTERED FOR GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOUR GROUP/ORGANISATION COVER THE PUBLIC LIABILITY FOR THIS PROJECT/ACTIVITY?	<input type="checkbox"/> Yes – Please provide a copy of the current certificate of currency <input type="checkbox"/> No NOTE: Public liability coverage of no less than \$20m is required.

SECTION 3 – PROJECT OR ACTIVITY SNAPSHOT

PROJECT/ACTIVITY NAME	
LOCATION	
DATE	

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DESCRIPTION OF YOUR PROPOSAL: (Please include a detailed description of your proposal including how the proposed event, activity or program does not detract from established Australia Day activities)	
FUNDING AMOUNT REQUESTED OF COUNCIL: (This figure must match budget)	NOTE: Applicants can seek up to \$1,000 (excluding GST)
ANTICIPATED NUMBER OF ATTENDEES	
TOTAL COST:	NOTE: This figure must match budget
WHAT WILL THE REQUESTED FUNDS BE SPECIFICALLY USED FOR?	
HAVE YOU DISCUSSED YOUR PROPOSAL WITH A COUNCILLOR OR COUNCIL OFFICERS?	<input type="checkbox"/> Yes - please indicate who: <input type="checkbox"/> No

SECTION 4 – PROJECT OR ACTIVITY PERMITS/APPROVALS

WILL YOUR PROJECT OR ACTIVITY INVOLVE THE PREPARATION, SERVING OR SELLING OF FOOD OR REFRESHMENTS?	<input type="checkbox"/> Yes – Food licence is required. Please provide a copy of your food licence or proof of lodgement (receipt) <input type="checkbox"/> No
WILL YOUR PROJECT OR ACTIVITY INVOLVE THE SERVING OR SELLING OF ALCOHOLIC BEVERAGES?	<input type="checkbox"/> Yes – Liquor licence is required. Please provide a copy of your liquor licence or proof of lodgement (receipt) <input type="checkbox"/> No

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**DOES YOUR PROJECT OR
ACTIVITY REQUIRE LOCAL
AND STATE PLANNING OR
BUILDING APPROVALS?**

- Yes – please provide a copy or proof of lodgement (receipt)
 No

**DOES YOUR ACTIVITY HAVE
APPROVAL TO OCCUR AT A
PLANNED LOCATION?**

- Yes – We have leasehold or approval of leaseholder OR an approved booking for Council open space/facility OR approval to use privately owned land/facility
 No – Approval/permission must be obtained prior to application
NOTE: if you need to hire a Council facility to hold your event please visit <http://www.isaac.qld.gov.au/hiring-council-facilities>

SECTION 5 – SUPPLIER REQUEST DETAILS (REQUIRED FOR PAYMENT TO GROUP / ORGANISATIONS)

NOTE: Electronic Funds Transfer (EFT) is Isaac Regional Council's preferred method of payment. To ensure that payments are made to the correct bank account, please provide a copy of your Bank Deposit Slip or top portion of the statement of the EFT on business letterhead.

ORGANISATION NAME

TRADING NAME

ABN

PAYMENT ADDRESS DETAILS (FOR ALL REMITTANCE)

Use of personal or business contact details is not recommended

NAME

POSITION TITLE

ADDRESS

PHONE

EMAIL

BANK ACCOUNT DETAILS

ACCOUNT NAME

BANK

BSB (6 DIGITS)

ACCOUNT NUMBER

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AUTHORISATIONS

IN SUBMITTING THIS APPLICATION, I CONFIRM THAT:	<input type="checkbox"/> I am an authorised representative of the applying organisation and am acting on their behalf <input type="checkbox"/> I have read the Isaac Regional Council Australia Day Event Sponsorship Guidelines <input type="checkbox"/> The statements made in this application are true. <input type="checkbox"/> All necessary permits/approvals will be obtained prior to the beginning of the project. <input type="checkbox"/> The project will be covered by appropriate insurance. <input type="checkbox"/> All relevant health and safety standards will be met. <input type="checkbox"/> I acknowledge that Council does not accept any liability or responsibility for the project. <input type="checkbox"/> I acknowledge that my organisation/group can meet the acquittal requirements and expend all funds requested.				
IF MY APPLICATION IS SUCCESSFUL, I WILL:	<input type="checkbox"/> Ensure acquittal requirements are met on the day of event date, noting future sponsorship applications include prior acquittal requirements in the assessment process. <input type="checkbox"/> Accept the terms of the sponsorship agreement in accordance with Council requirements set out in the Letter of Offer and Funding Agreement. <input type="checkbox"/> Provide proof of other successful co-funding (if unconfirmed) within six months of notification. <input type="checkbox"/> Complete the project on the date specified in application, either 26 January or the gazetted Australia Day Public Holiday.				
HAVE YOU PREVIOUSLY RECEIVED AN AUSTRALIA DAY SPONSORSHIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
DID YOU COMPLETE YOUR ACQUITTAL REQUIREMENTS? (Noting this will be taken into consideration towards your application assessment)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No, Provide reasons why:				
AUTHORISED PERSON	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Name</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Position Title</td> </tr> </table>	Name	Date	Position Title	
Name	Date				
Position Title					

Once completed please send form and any attachment to:
communitygrants@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744
 or deliver in person to your local Isaac Regional Council office