



COMMUNITY DROUGHT SUPPORT PACKAGE APPLICATION FORM 2019 Events between January 2019 – December 2019

Some useful tips

- Keep responses to the questions clear and concise.
- Signed original applications must be provided.
- Keep a photocopy of the completed application for your own records.
- If you need to attach additional answers or information, ensure that they are clearly labelled.

Applicant Details			
Organisations Name:			
Event Name:			
Event Date:			
Contact Person:			
Postal Address:			
Phone (W):		Phone (H):	
Mobile:		Fax:	
Email:			
Preferred Contact Method:	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email		
Organisations ABN:		Registered for GST:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incorporation Number:		Not For Profit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Funding Details			
Amount Requested: (Funding is GST Free)	\$	Estimated Number of People to benefit from Event / Activity:	
Will your project assist with:	<input type="checkbox"/> Connectedness <input type="checkbox"/> Social Wellbeing <input type="checkbox"/> Increased access to Support Services		
Description your Event / Activity and tell us how it will promote Connectedness, Social wellbeing within the community:			
Description of how your event will provide access to support services for drought affected community members:			
Describe how the funding will be spent: Attach copy of quotes if available			
Did you received assistance through the Community Drought Support Package in 2018:	<input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No Amount: Has a Project Performance report been completed: <input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No		
Attachments:	Please attach the following: <input type="checkbox"/> A copy of your organisation's latest audited Financial Statements <input type="checkbox"/> A copy of your Certificate of Incorporation (if applicable) <input type="checkbox"/> A copy of your current Public Liability Certificate <input type="checkbox"/> A copy of most recent AGM Minutes		

Declaration**This Declaration requires the signature of the applicant or representative of the applicant.**

I certify that I am authorised by the applicant to prepare and submit this application for the Paroo Shire Council Community Drought Support Package. I have read the guidelines relating to the funds and certify that to the best of my knowledge the information provided in this form is correct.

I agree to provide Council with additional information if required to assess this application.

I agree to comply with all requirements of the Community Drought Support Package.

I will acknowledge the support of the Department of Communities, Child Safety and Disability Services as well as Paroo Shire Council in all relevant promotional and printed material.

Contact Name of Responsible Person:**Position within group / organisation:****Signature:** _____**Date:****Witness Signature:** _____**Date:****Privacy Collection Notice**

Paroo Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Paroo Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Office Use Only**Name of Officer receiving Request:****Signature:****Date:****Resolution Result:** **Successful** **Unsuccessful****Resolution No.:****Amount Given:****Date of Resolution:****Response Letter Doc No.:****Date of Letter:****Responsible Officer Name:****Signature:**