

## Community Grants Program – Community Hall Insurance Application

**PRIVACY COLLECTION NOTICE:** South Burnett Regional Council collects your personal information for the purpose of processing this form and for use in any Council matters. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will only be disclosed to a third party as per the South Burnett Regional Council Information Privacy Policy. **A hard copy of this electronic document is considered uncontrolled when printed.**

<b>Section 1 - Grant program</b>			
Community Hall Insurance Grant This is a cover sheet and summary. Attachments are required. Funding rounds are available through the financial year. Applications will be assessed by the Community Grants Program Assessment Panel against the Community Grants Program Policy.			
<b>Section 2 – Applicant/Organisation</b>			
Organisation name			
Contact person for the purposes of this application			
Position in organisation			
Contact phone			
Email			
Website address (if applicable)			
Email			
Is your organisation non-profit / incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How much funding are you requesting.	\$		
ABN		Registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What year was your organisation established?	How many members does your organisation have?	Approximately how many people access your organisation facilities/ services annually?	
<b>Section 3 – Location</b>			
Must be within the boundaries of the South Burnett Regional Council area			
Physical location (site of hall)			
<b>Section 4 – Supporting documents</b> (Please attach all requested supporting documents as these are <b>mandatory</b> for assessment)			
<input type="checkbox"/> Product liability <input type="checkbox"/> Hall insurance tax invoice for payment <input type="checkbox"/> Financial statements – <b>Cannot</b> be bank statements			
<b>The above documents help to demonstrate the need and benefit to the Community</b>			

**Section 5 - 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 support is subject to a signed agreement between the South Burnett Regional Council and the applicant.
- I understand that the South Burnett Regional Council does not accept any liability or responsibility for the supported project/event and that it is the responsibility of the applicant to provide the appropriate insurance cover.
- I agree an activity summary and financial report (acquittal) will be supplied (including a copy of all required receipts and photos) showing funds were fully expended. within six (6) weeks of completion.
- The Mayor and Councillors are to be invited for the presentation of the cheque and to show Councils support.
- Councils Logo is to be used on all advertising, flyers and promotions, showing Councils support for your organisations.

Full name			
Signature		Date	
Organisation executive position held			

**Section 6 – Lodgement of application**

Please return your completed form to the following address, or email [info@sbrc.qld.gov.au](mailto:info@sbrc.qld.gov.au)  
for enquiries, please contact (07)4189 9100  
South Burnett Regional Council  
PO Box 336, Kingaroy Qld 4610