

# Community Assistance Program

# **Application – Small Projects Scheme**

## (Provides assistance of up to \$1000 for eligible projects or events)

Please read the Community Assistance Program Guidelines before completing this Application Form.

Completed Application Forms should be forwarded to:

Community Assistance Program Rockhampton Regional Council PO Box 1860 Rockhampton 4700

#### Applications may be submitted at any time throughout the year.

Please ensure that all required attachments are provided to allow for consideration of your application.

Checklist

- □ Application form fully completed and signed by two approved Officers
- □ Copy of Public Liability Insurance Cover Statement attached
- □ Copy of Certificate of Incorporation attached
- □ Copy of relevant quotes attached.

**PRIVACY NOTICE** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of receiving and considering your organisation's request for funding under Council's Community Assistance Program. Personal details will not be disclosed to any other person or agency external to Council without individual consent, unless required or authorised by law. Program funding details will be published by Council and summarised in Council's annual report.

Project Name								
Description	4 What is the event or project?							
	3. Where will it b	e?						
	4. Who will be in	volved?						
Need and Outcomes	<ol> <li>What is the need and how was it determined?</li> <li>What are the expected community outcomes?</li> </ol>							
Budget	Expense items (please detail)	Your contribution	Other funding	Income (e.g. food, drinks, entry)	Council funding			

Applicant organization	Name:						
•• gaa•	Address (for mail):						
	Postcode						
	ABN:						
	Incorporation Number:						
	(if not an Incorporated Assoc. please provide sponsoring organization):	e name	and	Incorporation	number	of	
	Contact details for this application						
	Name:						
	Telephone: Mobile: Email:						
	Public Liability Insurance						
	Insurer:		Leve	el of cover: \$	m		
	Previous grant funding received from Council						
	(Please provide details)			-			

### Certification

I certify that the information provided in this application is true and correct and that I am authorised to make this application on behalf of the organization.

(Note: This form must be signed by two executive officers of the incorporated body accepting legal and financial responsibility for the project or event).

First Executive Officer	Second Executive Officer
Name:	Name:
Position In Organization:	Position In Organization:
Signature:	Signature:
Date:	Date: