

APPLICATION FOR RATE BASED ASSISTANCE FOR NOT FOR PROFIT COMMUNITY, RECREATION AND SPORTING ORGANISATIONS

RATES DEPARTMENT PO BOX 366 Ingham QLD 4850 Telephone: (07) 4776 4623 Facsimile: (07) 4776 3233 council@hinchinbrook.qld.gov.au

Name of organisation:		
Location of property:		
Primary purpose:		
How long has the organisation been or	perating:	
Number of people organisation service	es:	
Community Organisations		
Does your organisation rely mainly on	volunteer labour?	
Number of paid staff:	_Number of volunteer staff:	
Sporting and Recreation Organisations	S	
Does your organisation undertake activities for the benefit of only juniors?		
Does your organisation charge entrand	ce fees for viewing or participating?	
All Organisations		
Please detail profit activities carried out including player and admission fees:		
Does your organisation / club / premises hold a license to sell liquor? (if yes please give details)		
Provide details of any commercial fees charged for services:		
Please provide reasons your organisat	ion requires financial assistance:	

Electronic version current. Uncontrolled Copy current only at time of printing

Form Number:

Authorised By: Finance Manager

Document Maintained By: Finance Services

Version No: 1 Current Version Date: 01/07/2011 Implementation Date: 01/07/2011

r -	
Contact person's name:	
Contact person's position:	
Contact details:	Home
	Work
	Mobile
	Fax
	Email
Postal address of contact person:	
EFT details of organisation:	Name of bank
	Name of account
	BSB number
	Account number
IMPORTANT - PLEASE PROVIDE THE SUPPORTING Income tax exemption.	INFORMATION:
	stitution must clearly state prohibitions on any member of the n either from ongoing operations of the organisation or as a ation is wound up.
Audited financial statements for the two pre	vious years.
 Any other relevant information supporting the for a public purpose. 	at the organisation is a not for profit entity or otherwise exists
	Executive Officer, Hinchinbrook Shire Council are to be lodged 25 Lannercost Street, Ingham or by posting to PO Box 366,
	and you will not be required to reapply each year. You will be change in relation to the eligibility criteria of the policy.
I / We	do solemnly and sincerely declare that the
information set forth herein has been truthfully a	nd correctly supplied by me / us and I / we make this solemn to be true and by virtue of the provisions of the "Oaths Act
Signed:D	ate: