

CG2021-

Community Grants

Application Form

Applicant Details				
Applicant Type				
Individual		☐ Cor	mmunity Entity	
Applicant Details				
Individual or				
Community Entity Name (eg, sports team church group):				
Contact Details				
Street Address:				
Phone No.:				
Email Address:				
Community Entity Contact Name:				
Role of Contact:				
Eligibility - Please	tick Y	es or No to the following question	ns:	
Is the individual / (Regional Council?	entity	based within the boundaries of To	orres Strait Island	Yes No
Does the individua	al / en	ity carry on activities for a public	purpose?	Yes No
Is the individual /	entity'	s primary objective directed at no	t making a profit?	Yes No
	-	ry breached a rental agreement, a current payment plan with Counc		Yes No
Is the entity a regi	stered	political party?		Yes No
project/activity. (e	.g. Pres	cy obtained any permits required to cribed Activity Permit for the operation of public place activity) (attach relevant permits of the control of the contro	of temporary	Yes No
Has the individual grants received?	/ enti	ry provided an acquittal declaration	on for all previous	Yes No
Project/Activity D	etails			
Name of project/activity: (Provide copies of event flyers)				
Location of project	t/acti	vity:		



Start Date:	E	nd Date:					
(Must be after Co	ouncil's next Ordinary Meeting)						
Is a Prescribed Activity Permit required for this project?							
Yes – pleas	Yes – please include copy of approved permit / permit application						
☐ No							
Grant sought from	n Council						
Financial A	Assistance: \$			(please provide quotes)			
Being for:							
In-Kind Ass	sistance: \$			(please provide dates)			
Being for:							
	Activity Permit fees: \$			(please provide dates)			
Being for:							
Please provide ev	idence of your fundraising e	fforts:					
Mby is this project	t nooded and what honefits	حمنيط خا النبي	+0 +b0 00m				
Why is this projec	t needed, and what benefits	will it bring	to the com	imunity?			
Why is this projec	t needed, and what benefits	will it bring		•			
		will it bring		ters of support from elders etc)			
Why is this project			(attach let	•			
Payment - Purcha	se Order Details ent are:		(attach let	ters of support from elders etc)			
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Payment - Purcha Options for payme Purchase Order D Auspice Entity De Street Address: Phone No.:	ent are: Order Drder Petails Supplier	All p	(attach let	ters of support from elders etc) nade directly to relevant supplier/s:			

Agreement and Signature

- I, the undersigned, certify that:
 - To the best of my knowledge, the information given in this document is true and accurate.
 - I have read and understood the Grants and Donations Procedure provided with this
 application and I agree to abide by the conditions of the grant as set out in the
 procedure.
 - I understand that if Torres Strait Island Regional Council approves the grant, I will be bound by the contents of this application, to carry out the project as described in this application.

Name (printed):	
Signature:	Date:
Position in Community/Auspice Entity (if applicable):	

INFORMATION PRIVACY STATEMENT

Your Personal Information is protected by law and can only be released to someone else where authorised by law or where you give your permission. Council is collecting your personal information contained in this document for the purpose of assessment, administration and evaluation. This collection of Personal Information is authorised by law under the Information Privacy Act 2009. It is Council's usual practice that the Personal Information contained in this document is disclosed to Council's external auditors and published on Council's website and in Council's Annual Financial Statements as part of compliance with the Local Government Regulation 2012. By signing this declaration you consent to such disclosure and publication.