In-Kind Assistance Applicant Information

* indicates a required field

Organisation's Email *

In-Kind Assistance is provided to community organisations to support the delivery of community and sporting events within the City of Ipswich that engage the broader community and improve the social, economic and/or environmental outcomes of the community.

In-Kind Assistance is limited to Council store items (including plastic bollards, barrier mesh, cable ties and traffic cones), provision of refuse bins and portable toilets.

Please review the Community Funding and Support Guidelines on the <u>Community</u> <u>Funding and Support webpage</u> before starting your application.

Organisation Det	ails	
Name of Organisati Organisation Name	on *	
name that is listed in off		ng and make sure you provide the same ne Australian Business Register, Australian Office.
Organisation's Stre Address	et Address *	
Address Line 1, Suburb/	Гоwn, State/Province, and Postcode	are required. Country must be Australia
Division where your O Division 1 O Division 2	r organisation is located. * O Division 3 O Division 4	 Outside of the Ipswich LGA
Not sure which divi	sion you're in?	
Find out on the <u>Electo</u> your address).	ral Commission of Queensland v	website (go to the webpage and type in
Organisation's Post Address	al Address *	
Address Line 1 Suburb/	Town State/Province and Postcode	are required. Country must be Australia

Must be an email address.	
Must be an email address.	
Are you a Not for Profit Comm	
Yes Individuals or profit-making organisa	O No
maividuals of profit-making organisa	itions are mengible to apply
Is your organisation governed administration structure? *	d by a clearly defined manag
O Yes	O No
Your organisation has a management and treasurer	it committee, which includes a pres
Do you have an ABN? *	
○ Yes	○ No
Applicant ABN *	
The ABN provided will be used to check that you have entered the	
Information from the Australian Bus	iness Register
ABN	
E 19	
Entity name	
ABN status	
-	
ABN status	
ABN status Entity type	
ABN status Entity type Goods & Services Tax (GST)	More information
ABN status Entity type Goods & Services Tax (GST) DGR Endorsed	More information
ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type	More information

Please attach a copy of your current Public Liability Insurance Certificate or Certificate of Currency ${\color{red}^*}$

Attach a file:

Organisations must have Public Liability Insurance to be eligible to apply.
Please attach any other documentation necessary to support this application. Attach a file:
Contact Details
Contact Person * Title First Name Last Name
This is the person we will correspond with about this application.
Phone Number *
Must be an Australian phone number.
Email *
Must be an email address. This is the address we will use to correspond with you about this application.
Event Details
Event Title *
Please enter the title of your event, eg 'Family Fun Day'.
Anticipated crowd size (per day if applicable) *
Has the event been held before? * ○ Yes ○ No
Event Start Date *
This is the date of your event (or the first day of your event if being held over more than one day)
Event Start Time *
Event End Date *

This is the date of your event (or the last day of your event if being held over more than one day).

Event Finish Time *	
Event Address * Address	
Address Line 1, Suburb/Town, State/Province, a	and Postcode are required. Country must be Australia
Where is the event being held?	
Is your event being held in a Council ¡ ○ Yes	park or facility? * O No
Division where your Event will be held O Division 1	d. * ○ Division 3
O Division 2	O Division 4
Not sure which division your event is	being held in?
Find out on the <u>Electoral Commission of Q</u> the address).	ueensland website (go to the webpage and type in
COVID-19	
Applicants are required to consider the im proposals. The links below provide up-to-d	plications of COVID-19 when developing their late information that you should consider:
QLD GOVERNMENT: UNITE & RECOVER	
Please attach the Park Booking Permi	it or proof of use of Council's park or
facilities * Attach a file:	
This may be your Temporary Entertainment Ev ICC Applications Team on 3810 6666.	ent Licence Application Number. If unsure, contact the
for a permit or licence. Some other events licence, e.g a Temporary Entertainment Ev	park, reserve or facility you will need to apply a may also require an additional permit or went Licence (or TEEL). Please refer to permit and cations on 3810 6666 for further assistance.
Please attach a Risk Management Pla Attach a file:	n for this event

Please refer to the following link for information which will assist your organisation to develop a risk management plan, including pre-populated checklists.

Volunteer Now - Risk Management Templates

Our Community - Event Risk Management Template

Items Required

* indicates a required field

Delivery Details (refuse bins and portable toilets only)

Delivery Details (refuse bills and portable tollets only)			
	f Contact Person	•	
Title	First Name	Last Name	
This is the	person that will be	contacted to confirm	n delivery details.
Delivery	Contact Phone	Number *	
Must be a	n Australian phone n	umber	
PLEASE	NOTE:		
Delivery	of bins and portab	le toilets will be th	ne business day prior to your event start date.
Collectio	n of bins and porta	ble toilets will be	the business day after your event end date.

General Bins

Please indicate quantity required

240L General Bin	
	Must be a number
1.5m3 Industrial General Waste Bin	
Truste siii	Must be a number
3m3 Industrial General	
Waste Bin	Must be a number
4.5m3 Industrial General Waste Bin	
Waste bill	Must be a number. Must be a number

Please add a site map to show placement of the requested bins and the delivery truck's access point. $\mbox{*}$

Attach a file:

The delivery contact will be required	to meet the delivery driver at the access point.
Do you require Recyling Bins? required to complete a Waste	? - Please note that if you answer yes, you will be e Management Plan * ○ No
Recycling Bins	
Please indicate quantity required	
240L Mixed Recycling Bin	Must be a number
1.5m3 Mixed Recycling Bin	Must be a number
3m3 Mixed Recycling Bin	Must be a number
	<u>Waste Management Plan</u> - please open, complete, save to your computer, and attach below.
Waste Management Plan *	Attach a file:
Portable Toilets	
Please indicate number required	
General Portable Toilets	Number required
Disability Access Portable Toilets	Number required
Will you require lights in the toilets?	○ Yes○ No

Please add a site map to assist with the placement of the requested portable toilets and the delivery truck's access point. *

Attach a file:

The delivery contact will be required	to meet the delivery driver at the access point.
Items That Must Be Colle	cted From Council
Plastic Bollards / Star Pickets with caps (and star picket rammer)	Number required (These items must be returned to Council)
	* Please note that Star Pickets are not available for events being held on Council land.*
Traffic Cones	
	Number required (These items must be returned to Council)
Barrier Mesh (50m rolls)	
	Number of rolls required (These items must be returned to Council)
	PLEASE NOTE: You may be charged for any items not returned.
Cable Ties (pkt 100)	○ Yes
Number of packets required	*
Size required * ○ 200 mm	○ 380 mm
Additional notes for request above will be provided.	(optional). Please note only items and services listed
Certification Details	
Certification:	

• I do solemnly and sincerely declare that the information provided is true and correct to

• I hereby certify that I have delegated authority to apply for In-Kind Assistance on

behalf of my organisation

the best of my knowledge.

- I understand that if Ipswich City Council approves In-Kind Assistance, I am required to accept the conditions of the agreement in accordance with Ipswich City Council audit requirements.
- I consent to the information contained within this application being disclosed to or by Ipswich City Council for the purpose of assessing, administering and monitoring my current and any future Ipswich City Council funding and In-Kind Assistance applications.

I agree *	○ Yes		
Name *	Title	First Name	Last Name
Position *			
Phone Number *			
Date *			
	Must be a	date.	

Privacy Statement

Ipswich City Council is collecting your personal information so that we can process your request for In-Kind Assistance. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to relevant Council Committees, which may be recorded in meeting agendas and formal minutes, which are accessible to the public. Further, your personal information, such as your name, may be discussed at the meetings of Council and its committees which are open to the public. Please also note that, as per the Community Funding and Support Policy, applicants are required to give permission for Council to publish the name of the recipient and the allocated in-kind assistance cost in accordance with Council's requirements under the Local Government Act 2009 and the Local Government Regulation 2012. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

Checklist

* indicates a required field

Have you attached copies of all documents as required to support your application? Incomplete applications may not be considered.

Checklist - these documents are required *

Current Public Liability Insurance Certificate or Certificate of Currency

Checklist - these documents may be required		
	Certificate of Incorporation or your organisation's constitution (if applicable)	
	Park Booking Permit or proof of use of Council property or facility (if applicable)	
	Risk Management Plan (if applicable)	
If th	nese documents are required and not attached, your application may not be considered	