

# In-Kind Assistance Application 2024/2025

## Form Preview

### In-Kind Assistance Applicant Information

\* indicates a required field

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 Community Funding and Support webpage](#) before starting your application.**

### Organisation Details

#### **Name of Organisation \***

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the Australian Business Register, Australian Charities and Not-For-Profit Commission or Australian Tax Office.

#### **Organisation's Street Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

#### **Division where your organisation is located. \***

- Division 1                       Division 3                       Outside of the Ipswich LGA  
 Division 2                       Division 4

#### **Not sure which division you're in?**

Find out on the [Electoral Commission of Queensland website](#) (go to the webpage and type in your address).

#### **Organisation's Postal Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

#### **Organisation's Email \***

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Must be an email address.

### Are you a Not for Profit Community Organisation \*

Yes  No

Individuals or profit-making organisations are ineligible to apply

### Are you a School, School P&C or School P&F \*

Yes  No

### Is your organisation governed by a clearly defined management and administration structure? \*

Yes  No

Your organisation has a management committee, which includes a president/chairperson, secretary and treasurer

### Do you have an ABN? \*

Yes  No

### Applicant ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Organisations must have an Australian Business Number to be eligible to apply.

### Please provide proof of your Not-for-Profit status, eg. your Certificate of Incorporation or your organisation's Constitution \*

Attach a file:

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**Please attach a copy of your current Public Liability Insurance Certificate or Certificate of Currency \***

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) \***

**Type of Event \***

Community Event

Sporting Event

**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 (if the event is held over multiple days, please include the start time of each day if different on each day) \***

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If the event is held over multiple days, you may need bin and/or toilets serviced during the event period.

### 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 (if the event is held over multiple days, please include the finish time of each day if different on each day) \*

If the event is held over multiple days, you may need bin and/or toilets serviced during the event period.

### Event Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia  
Where is the event being held?

### Division where your Event will be held. \*

- Division 1  Division 3  
 Division 2  Division 4

### Not sure which division your event is being held in?

Find out on the [Electoral Commission of Queensland website](#) (go to the webpage and type in the address).

### Is your event being held in a Council park or facility? \*

- Yes  Yes - we are a sporting club in a Council owned sport and recreation facility  
 No

Please attach proof that this event is open to the wider community

### Proof may include a screenshot of an advertisement, advertising material or a screenshot of an active Facebook Event. \*

Attach a file:

## Permits and Licences

Some events, even those held on your own or private property, may also require an additional permit or licence, e.g. a Temporary Entertainment Event Licence (or TEEL) may be required for events attracting 500 people or more as well as other factors. Please refer to the [Permit and Licence Information](#) page for requirements or contact the ICC Applications Team on (07) 3810 6666 for further assistance.

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### Risk Management Plan

**Do you have a Risk Management Plan for your event? \***

Yes  No

**PLEASE NOTE: You are not required to provide a copy of your Risk Management Form, however, you will need to provide one if you are required to apply for a Temporary Entertainment Event Licence (TEEL).**

Please refer to the following links 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](#)

**Please attach the Park Booking Permit or proof of use of Council's park or facilities \***

Attach a file:

This may be your Temporary Entertainment Event Licence Application Number. If unsure, contact the ICC Applications Team on 3810 6666.

**Do you have a current agreement / permission to use the Council owned sport and recreation facility? \***

Yes  No

If your agreement / permission to use the Council owned sport and recreation facility is not current, please contact Council 3810 6666 or email the Sport and Recreation Team at [sportrecreation@ipswich.qld.gov.au](mailto:sportrecreation@ipswich.qld.gov.au).

### Items Required

\* indicates a required field

Delivery Details (refuse bins and portable toilets only)

**PLEASE NOTE:**

Delivery of bins and portable toilets will be the business day prior to your event start date.

Collection of bins and portable toilets will be the business day after your event end date.

**Name of Contact Person for Delivery \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person that will be contacted to confirm delivery details.

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### Delivery Contact Mobile Phone Number \*

Must be a mobile phone number

### General Bins

Please indicate quantity required

#### 240L General Bin

Must be a number

#### 1.5m3 Industrial General Waste Bin

Must be a number

#### 3m3 Industrial General Waste Bin

Must be a number

#### 4.5m3 Industrial General Waste Bin

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. \*

Attach a file:

The delivery contact will be required to meet the delivery driver at the access point.

### Do you require Recycling Bins? - Please note that if you answer yes, you will be required to complete a Waste Management Plan \*

Yes

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

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[Waste Management Plan](#) - 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 Collected 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.\***

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**Cable Ties (pkt 100)**  Yes

**Number of packets required \***

**Size required \***

200 mm  380 mm

**Additional notes for request (optional). Please note only items and services listed above will be provided.**

## Certification Details

Certification:

- I hereby certify that I have delegated authority to apply for In-Kind Assistance on behalf of my organisation
- I do solemnly and sincerely declare that the information provided is true and correct to 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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



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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)
- Site map for placement of bins and/or portable toilets and the delivery truck's access point (if applicable)
- Waste Management Plan (if applicable)

If these documents are required and not attached, your application may not be considered