Facility Management Grant Application

Community Development

Facility Management Grant Application

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'N/A'.

Section 1 – Applicant Details

Clear Form

Club/Entity Name			
Application Contact			
Contact Phone (B)		Contact Phone (M)	
Email Address			

Section 2 – Club/Entity Details

Names and Positions of other Committee Members: (Please attach another document if necessary)

Name		Position	
Name		Position	
Name		Position	
Name		Position	
No. Junior Members		No. Senior Members	
Incorporation No.			
Public Liability Insurance Limit ($)			
Certificate of Currency Attached?	☐ Yes	☐ No	
GST Registered?	☐ Yes	☐ No	
Twelve-month maintenance budget attached?	☐ Yes	☐ No	

Section 3 – Applicant Declaration

In making this application, we, the undersigned, agree to abide by the terms and conditions of the Whitsunday Regional Council's Facility Management Grant Policy and understand that any breach may result in the suspension of further funding from the Whitsunday Regional Council.

President Name			
Signature		Date	

Secretary Name			
Signature		Date	

Section 6 – Privacy Statement

Privacy Statement: Your information is being collected for the purpose of processing your application. Your information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission to or the disclosure is required by law.