

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

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	

Correspondence: Chief Executive Officer, Whitsunday Regional Council, PO Box 104, Proserpine, QLD 4800
P: 1300 WRC QLD (1300 972 753) F: (07) 4945 0222 E: info@whitsundayrc.qld.gov.au www.whitsundayrc.qld.gov.au

Bowen
Cnr Herbert & Powell Streets
Bowen QLD 4805

Proserpine
83-85 Main Street
Proserpine QLD 4800

Collinsville
Cnr Stanley & Conway Streets
Collinsville QLD 4804

Cannonvale
Shop 23, Whitsunday Plaza
Shute Harbour Road, Cannonvale QLD 4802

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.