ACTIVE Small Equipment Grant

Form Preview

Small Equipment Grant Application Form

* indicates a required field

Please note:

- You are only permitted to submit **one** application per group/organisation.
- Incorporated organisations may submit an application for themselves AND as auspices for unincorporated groups.
- Only one successful application per group/organisation each Financial Year or prior Financial Year.
- A successful Small Equipment Grant application will NOT impact your eligibility to apply for any other Mackay Regional Council Grant Program.

Please note that the Small Equipment Grants Program is open all year round and will be accepted until the budget is expended.

Pre-Check Criteria		
Is your Organisation Incorporated? * ○ Yes ○ No		
Incorporation Number *		
Gaming Machine		
Does your organisation have a Gaming Machine Licence? ○ Yes ○ No If Yes, you are ineligible to apply for this grant		
Is your Organisation being auspiced by an Incorporated Organisation? * ○ Yes ○ No		
Incorporation Number *		
Has your Organisation received a Mackay Regional Council Grant over \$1500 within the current Financial Year or previous Financial Year? * ○ Yes ○ No		

Does your Organisation operate within the Mackay Regional Council boundaries? * ○ Yes ○ No		
Do the majority of your Organ Council area? * • Yes	nisations' members reside	e in the Mackay Regional
O les	NO	
Has your Organisation acquite O Yes	t ed any previous Mackay No	Regional Council grants? * ○ N/A
Is your Organisation debt free	e with Mackay Regional C No	ouncil? *
Applicant Details		
• •		
* indicates a required field		
Mackay Regional Council is collecting your information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as required by law.		
Organisation Name *	Organisation Name	
Legal Entity Name *		
Legal Entity Name	As shown on your ADM dataile	
	As shown on your ABN details	
Contact Person *	Organisation Name	
Address *	Address	
	. 1.4.4.1	
	Suburb State Postcode	e
Postal Address *	Address	
	7.144.1.233	
	Suburb State Postcode	2
Telephone *		
- · - - · · · · ·		

Email *			
Organisation Details			
Is your Organisation registered for GST? *	○ Yes	○ No	
Does your Organisation have an ABN? *	○ Yes	○ No	
ABN Number (if applicable)	information. Click lentered the ABN co		
		e Australian Business Register	
	ABN		
	Entity name ABN status		
	Entity type		
	Goods & Services Ta	av (GST)	
	DGR Endorsed	ax (G31)	
	ATO Charity Type	More information	
	ACNC Registration	More information	
	Tax Concessions		
	Main business locati	ion	
Auspicing Organisation Do	etails		
Organisation Name *	Organisation Name	e	
Legal Entity Name *	As shown on your AE	BN details	
Contact Person *			
Address *	Address		
	Suburb State	Postcode	

Postal Address *	Address		
	Suburb State	Postcode	
Telephone *			
Email *			
Incorporation Number *			
Is the Organisation registered for GST? *	○ Yes	○ No	
Does the Organisation have an ABN? *	○ Yes	○ No	
Auspice ABN			
		Lookup above	look up the following to check that you have
	Information from the	e Australian Bus	iness Register
	ABN		
	Entity name		
	ABN status		
	Entity type Goods & Services Ta	ay (GST)	
	DGR Endorsed	2X (031)	
	ATO Charity Type		More information
	ACNC Registration		
	Tax Concessions		
	Main business locati	ion	
General Information			
Briefly outline the nature of your organisation and its primary purpose *			

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If your application relates to a facility, sporting ground or club, you should detail current usage rates and indicate other facilities located in your area. 250 words maximum

Financial Statements		
Please upload your local organisation's current financial statements *	Attach a file:	
If these statements do not adequately relflect your organisation's current financial position, please detail the reason	Word count: Maximum 250 words	
Auspicing Organisation Financial Statements		
Please upload your Auspicing Organisation's current financial statements *	Attach a file:	
Details of Funding Requested * indicates a required field		
Small Equipment Grant funding is available up to \$1,500.00		
Grant Amount Requested (Ex GST) *	\$ Must be a dollar amount.	
Details of the small equipment for which you are seeking funding *	Wandaanak	
	Word count: Maximum 500 words	

Quotes

* indicates a required field

Do you have quotes to attach to support application? *	○ Yes	○ No	
Please attach quotes to support your application. *	Attach a file: Requirement: 1 quote	e for items under \$1,500.00	
If your quotes are not engaging local suppliers/ contractors, please detail why.			
Declaration			
* indicates a required field			
 I warrant that: I am authorised to submit the The applicant organisation has being submitted. To the best of my knowledge and correct and complete. Sufficient control mechanism accounted for appropriately. I understand that the application has be returned. The email address from which receive information regarding. 	as knowledge of and e all information pro ns are in place to en ation and any mater th this application is	d does not object to the apvided in the grant applicates sure that all monies are made accompanying the applications.	cion is true nanaged and lication will
Declaration *	○ I Agree	○ I Disagree	
Please list additional supporting documentation (optional)			
Please attach supporting documentation if applicable	Attach a file:		
Tax Forms			

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Completed Tax Form *

You are required to complete one of the attached forms. Please download the forms here, and complete the form that suits your organisation. You can then upload the form below.

Attach a file:

Creditor Details Confirm	ation Form
	ation faster, should you be successful, you are required to litor Details Confirmation Form. You can download the form
Please upload your completed Creditor Details Confirmation Form here. *	Attach a file:
Please upload a copy of your Bank Statement here. *	Attach a file: Statement must show Bank Name, Account Name, Account BSB and Account Number. Please Note: You can blank out transactio details if desired.