

APPLICATION FOR FINANCIAL & IN-KIND ASSISTANCE (FINK)

(APPENDIX 1)

APPLICANT DETAILS

Name of Group/Organisation/Individual

Group Organisation (i.e., Not for profit, Community Group, Sporting club etc)

Contact person

Position

Contact number(s) M: _____ H: _____

Email address

Business address

Postal address

PROGRAM REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Small Grant (up to \$250) | <input type="checkbox"/> Community Christmas Events (up to \$250) |
| <input type="checkbox"/> Event Sponsorship (up to \$1000) | <input type="checkbox"/> Community Christmas In-Kind |
| <input type="checkbox"/> Innovation Fund (up to \$1000) | <input type="checkbox"/> General In-kind Assistance |
| <input type="checkbox"/> Small Grant – School EOY (\$150) | |

Applicants may apply for cash funding OR in-kind assistance.

FUNDING REQUESTED

How much money are you applying for? \$ _____

What costs do you expect to have for this event, program, or project? Please list them in the table below:

Item	Cost

RETURN COMPLETED FORMS TO:
Growth & Change Department
E: wcc@westcoast.tas.gov.au
PO BOX 63, Queenstown TAS 7467
11 Sticht Street, Queenstown TAS 7467



Item	Cost

Are you seeking financial support for this event/program/project from other sources?

Yes No Unsure

If yes, who else have you asked to support you?

Name of funding body _____

Funding name _____

Amount \$ _____

If Council is only able to meet part of this request, do you wish to continue with the application?

Yes No Unsure

Do you have an ABN Yes No Unsure

If yes, please provide your account name:

If no, please provide bank account details:

BSB: _____ - _____ Account No. _____

YOUR EVENT, PROGRAM, OR PROJECT

Name of event, program, or project: _____

Goals – please detail: _____

What outcomes do you hope to achieve? Please describe: _____

If you are applying for an event, program, or project what are your estimated audience numbers:

Is there a similar event, program, or project being held on the West Coast?

Yes No Unsure

If yes, please explain why your event, program, or project is needed:

How will this event, program, or project benefit the local West Coast Community? Please detail:

Where will this event/program/project be held? Please attach schedule (if applicable):

Start Date: ____/____/____ Finish Date: ____/____/____

Start Time: ____:____ ____ Finish Time: ____:____ ____

How will you promote the Council's contribution to your event, program, or project if your application is successful?

PLEASE ATTACH

- Any additional documentation to best describe your application,
- Certificate(s) of Currency (Certificate of Insurance),
- Attach Council Doc 1 – Booking Confirmation (If applicable),
- Attach Council Doc 2 – Work Order Details (If applicable), and
- Any other additional information that would assist Council in assessing your application.

Examples may include - Promotional Materials, Letters of Support, Booking Quotations or Other relevant information you believe is important to support your application.

DETAILS OF FACILITIES AND EQUIPMENT REQUIREMENTS

As part of Council’s responsibility to ensure public spaces and facilities are clean and safe, Council wants to make sure that additional wheelie bins are available and public toilets are well stocked. So that we can provide this service, please complete the following equipment and toilet facilities table:

USE OF PUBLIC TOILETS

What public toilets do you wish to use, if any? (Attach details if required):

Start Date: ____/____/____ End Date: ____/____/____

Start Time: ____:____ End Time: ____:____

HIRE OF WASTE AND RECYCLING BINS

Hire of Waste Bin Quantity: _____

Hire of Recycling Bin Quantity: _____

Hire of Skip Bin Quantity: _____

FEE WAIVER REQUEST FOR VENUE HIRE, WORKS, AND EQUIPMENT

Waiver Fee Detail	Start Date	End Date	Start Time	End Time
	__/__/__	__/__/__	__:__	__:__
	__/__/__	__/__/__	__:__	__:__
	__/__/__	__/__/__	__:__	__:__
	__/__/__	__/__/__	__:__	__:__
	__/__/__	__/__/__	__:__	__:__
	__/__/__	__/__/__	__:__	__:__
	__/__/__	__/__/__	__:__	__:__
	__/__/__	__/__/__	__:__	__:__

Note: Please attach a copy of the costings provided by Council’s Booking Department

DECLARATION

1. I/We understand that this event/program/project application is not an automatic approval and is subject to assessment and determination of approval by Council.
2. If successful, in my/our application, we agree to provide Council with copies of our promotional materials and ways in which we will promote Council's contribution.
3. If successful in my/our application, we agree to complete an Acquittal Form – Form 7.
4. I/We certify that the information provided in this application is correct and I/We have the authority of the group/organisation to make this application.

Full Name _____

Position _____

SIGNATURE

_____/_____/_____
DATE

Disclaimer

By completing and lodging this form, electronically or by hard copy, you agree to the terms set out in West Coast Council's Privacy Policy which is available on our website.

CHECKLIST

Before you submit your application, please review this checklist – Have you?

- Completed all sections of the FINK application
- Attach – Schedule of events/program/projects (If applicable)
- Attach – Additional Documentation
- Attach – Certificate(s) of Currency (Certificate of Insurance)
- Attach – Risk Management for your event/program/project
- Attach – Document 1 – Council’s Booking Confirmation (If applicable)
- Attach – Document 2 – Work Order Details (If applicable)
- Completed and Signed Declaration
- Attach – Any other supporting documents