

REQUEST FOR RATES BASED FINANCIAL ASSISTANCE FOR NOT FOR PROFIT, SPORTING AND COMMUNITY GROUPS

Property and Contact Details

Name of Organisation:		
Contact Name:	Assessment Number:	
Property Address:		
Postal Address:		
Home Phone:	Work Phone:	Mobile:
Email:		
Primary Purpose:		
Time Organisation has existed:	Number of People Organisation Services:	

Profit making activities

Details of profit making activities carried out (including player and admission fees):

Does your organisation sub-lease any part of the premises? Yes No

If 'Yes' please complete lessees details below

Name:	Activity	Annual Rent	\$
Name:	Activity	Annual Rent	\$
Name:	Activity	Annual Rent	\$

Labour Details

Does your organisation rely mainly on volunteer labour? *If 'Yes' please supply %* Yes No

Percentage %

Does your Organisation have considerable paid labour? *If 'Yes' please supply %* Yes No

Percentage %

Community Benefit

Please detail how your organisation provides substantial benefit to the community:

Additional Revenue

Does your organisation have poker machines at the premises? Yes No

Financial Assistance

Please detail why your organisation requires financial assistance:

Supporting Documentation

- Evidence of registration with the Australian Charities and Not for Profit Commission which is endorsed as a Tax Concession Charity with the Australian Tax Office.
- A copy of the constitution of the organisation which must clearly state prohibitions on any member of the organisation making a private profit or gain, either from ongoing operations of the organisation or as a result of distribution of assets if the organisation is wound up.

Please also provide any other relevant information that supports the organisation as a non-profit entity or otherwise exists for a community purpose.

Declaration To be signed by two (2) elective members of the organisation

It is declared that the information provided is true and accurate;

Authorised
Officers:

_____	_____
<i>Name</i>	<i>Name</i>
_____	_____
<i>Position</i>	<i>Position</i>
_____	_____
<i>Signature</i>	<i>Signature</i>
_____/_____/_____	_____/_____/_____
<i>Date</i>	<i>Date</i>

Note: New applications from 01/07/2017 will be subject to the current general policy

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the determination of rates based financial assistance for not for profit organisations. The collection of your information is authorised under the Local Government Act 2009. You are providing personal information which will be used for the purpose of delivering services and carrying out council business. Your personal 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 us permission or the disclosure is required by law.