

Councillor Discretionary Fund Application Form



Privacy Notice: Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when applying for funding from a Councillor's Discretionary Fund. Councillor Discretionary Funds provide financial assistance to eligible community organisations across the Region. Refer to the Councillor's Discretionary Funds Policy for further information.

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Customer Details		
Organisation name:	Registered for GST: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact name:	ABN:	
Postal address:		
Preferred contact number:	Email:	
Funding Request Details		
Please select the Councillor Discretionary Fund for contribution:		
<input type="checkbox"/> Mayor – Cr Tony Williams	<input type="checkbox"/> Div 1 – Cr Shane Latcham	<input type="checkbox"/> Div 2 – Cr Neil Fisher
<input type="checkbox"/> Div 3 – Cr Grant Mathers	<input type="checkbox"/> Div 4 – Cr Edward Oram	<input type="checkbox"/> Div 5 – Cr Cherie Rutherford
<input type="checkbox"/> Div 6 – Cr Drew Wickerson	<input type="checkbox"/> Div 7 – Cr Marika Taylor	
Amount requested: \$		
Reason for funding: <i>(please attach cover letter/supporting documentation)</i>		
If other funding has been received for this purpose, please provide details:		
Payment Details <i>(all payments are made electronically – please complete bank details below)</i>		
Account name:	Bank name:	
BSB:	Account number:	
Declaration		
On behalf of the above organisation, I acknowledge that funding is being requested from a Councillor Discretionary Fund in accordance with the Councillor's Discretionary Funds Policy. I declare that the details are correct to the best of my ability.		
Name:	Position:	
Signature:	Date:	
OFFICE USE ONLY	I authorise this request to funding from my Councillor Discretionary Fund, acknowledging the request is eligible in accordance with the Councillor's Discretionary Fund Policy.	
	Councillor name: _____ Councillor signature: _____	
	Does the Councillor have a Potential Conflict of Interest? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____	
	If Yes, please provide details: _____	
Is Council approval required: <input type="checkbox"/> No <input type="checkbox"/> Yes	Date approved by Council: _____	Responsible officer: _____