

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.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860, Rockhampton 4700 | ABN: 59 923 523 766

Customer Details

Organisation name: _____ Registered for GST: Yes 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 Elliot Hilse |
| <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: *(please attach cover letter/supporting documentation)*

If other funding has been received for this purpose, please provide details:

Payment Details *(all payments are made electronically – please complete bank details below)*

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: _____

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? No Yes Date: _____

If Yes, please provide details:

Is Council approval required: No Yes Date approved by Council: _____ Responsible officer: _____