

Murray River Council Service and Charges Assistance Application Form

Form Preview

Murray River Council Service and Charges Assistance

* indicates a required field

Background and Purpose

The Community Financial Assistance Policy, sets out Council's values and framework for considering the provision of funds based on each application's merit, circumstances, evidence of financial hardship, community benefit and the availability of funds in Council's budget according to the relevant provisions of the Local Government Act.

Council is accountable to the community for the management and disbursement of its funds that must be undertaken in a manner that is seen to be fair and equitable. It also recognises that organisations and groups in receipt of Council funds have a responsibility to use those funds for the purposes for which they were given.

All successful applicants will be required to acquit the funds by supplying receipts and if requested, an audited balance sheet indicating gross receipts and disbursements. Applicants must have no outstanding debts to Council. Failure to provide satisfactory acquittal evidence will disqualify the organisation for any future allocation of funds.

Applicant Information

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Position

Applicant Primary Address *

Address

<input type="text"/>
<input type="text"/>

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

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Must be an email address.

Applicant Other Phone Number *

Must be an Australian phone number.

Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Service/Charge Details

Please indicate the service or charge for which you are seeking assistance

Check the appropriate box(es) below: *

- ☐ Water Usage Charges
- ☐ Booking Fee Waiver
- ☐ In-kind Services: Waste Removal Fees
- ☐ In-kind Services: Traffic Management Charges
- ☐ In-kind Services: Provision of Rubbish Bins
- ☐ Other

At least 1 choice must be selected.

Details of assistance required *

E.g. waive fees for the hire of a community hall to hold a fund raising event.

Reason for Assistance *

Please provide a brief explanation of why you are seeking assistance for the selected service(s) or charge(s)

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Financial Information

When a community group or organisation is seeking a reduced fee or charge from the Council, they may be asked to provide various types of financial information to demonstrate their need for assistance.

Please provide the following latest financial year figures:

Has your organisation existed for a complete financial year? *

- ☐ No
☐ Yes

What was the latest complete financial year? *

Provide the following figures for the financial year you have entered above. *Values must be that of the entity applying (the), regardless of whether the entity belongs to a consolidated group for tax purposes.*

These fields are mandatory and entering \$0 is acceptable if applicable for your organisation.

Sales revenue (turnover) *

\$

Must be a dollar amount.

Total revenue from the sale of goods and services, as reported in your organisation's Business Activity Statement (BAS).

Net Income/Taxable income *

\$

Must be a dollar amount.

Profit/(Loss) OR Taxable income or loss as per your organisation's financial statements or if applicable, income tax return form.

Number of employees (headcount)

Must be a number.

Number of volunteers:

Must be a number.

Supporting Documents

Please attach any relevant supporting documents, that demonstrates the organisation/group/club's financial need for reduced fees or charges, such as evidence of financial hardship or constraints on resources. *

Attach a file:

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Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of my application.

If you have any questions or need assistance completing this form, please contact the Council's Grants Officer on 1300 087 004.

Date *

Must be a date.

I have read the declaration above. *

☐ Yes