Community In-Kind Assistance Program Application

If you have any specific enquiries regarding fees or how to complete this form, please contact Administration. Please complete this application in BLOCK LETTERS and tick boxes where applicable. Enter "N/A" if the question does not apply. Complete all sections unless otherwise stated.

The Richmond Shire Council provides extensive sponsorship through in-kind support to community groups and sporting clubs. Council provides organisational resources including labour, facilities, plant and other equipment by way of Sponsorship as in-kind support.

Advanced notice is required as Council cannot guarantee supply on demand. Bond and Conditions of Hire are required to complete this application. (Subject to availability)

Please allow 10 days for processing of this sponsorship request. Any period less than 10 days will incur a late fee.

Full Name(s) Applicant		
Business Name		
Contact Name		
Position Title		
Street Address		
Postal Address		
Phone Contact Number		
Email Address		
ACN or ABN		
Registered for GST	**YES** ☐	**NO** ☐

PRIVACY NOTICE: Any personal information you have supplied to or is collected by the Richmond Shire Council will only be stored and processed by the Council for lawful purposes directly related to the functions and activities of the Council. Any personal information supplied will only be disclosed to a third party for the purpose of performing a lawful function or activity and for no other purpose.

Hire Period	
Hire Date/s	
Hire Start Time	
Hire End Time	
Hire Purpose/Event	

Requesting					
Facilities					**Comment**
Civic Centre	☐	**Rodeo Grounds**	☐		
Supper Room	☐	**Racecourse**	☐		
Library	☐	**Lake Fred Tritton**	☐		
Sports Oval	☐	**Lakeview Caravan Park Gazebo**	☐		
Equipment/Plant					**Comment**
Earthworks, Signage, Lawn and garden maintenance					
Road Closure (specify roads)					
Erection of marquees, street banners, bollards					
Rubbish Bins	*Qty*				
Provision and delivery of sand, gravel, concrete etc.					
Bus Hire (available weekends only – sealed roads only)					
Tables	*Qty*				
Chairs	*Qty*				
Portable Toilets	*Qty*				
Other	*Item*				

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Declaration	
I, _____, certify that the above information and the information on the attachments, to the best of my knowledge, is correct.	
Applicant Signature	
Date	
Complete if more than one Applicant.	
I, _____, certify that the above information and the information on the attachments, to the best of my knowledge, is correct.	
Applicant Signature	
Date	

Approval	
Approved	☐
Declined	☐
Please state reason:	
Director Signature	
Date	
J/C	

OFFICE ONLY	
Received by	
Date received	
Bond Application	☐

PO BOX 18, Richmond QLD 4822

65 Goldring Street, Richmond QLD 4822

(07) 4719 3377

enquiries@richmond.qld.gov.au

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