

Schedule 1

George Town Council

Community Grants Application Form**Dated:****SECTION A: TO BE COMPLETED BY ALL APPLICANTS****APPLICANT DETAILS****Name of Organisation/Group**

George Town Interagency Group

Street Address

47 Anne Street

Postal Address

PO Box 310

Suburb

George Town

Postcode

7253

Contact Details

Contact Person

Karyn Parker

Telephone

After Hours

63803622

Mobile

0438132264

Email

karyn.parker@dhhs.tas.gov.au

GrantGrant

What is your legal status as an organisation? (please select one) Company Limited Incorporated Association Statutory Body Unincorporated Group Are you / your organisation registered for GST? ABN Supplied

If you are not registered for GST you may need to complete a 'Statement by Supplier' form. We will contact you if a statement is required.

Please select the category of Community Grant for which you are applying, and complete the appropriate Section of the form:

Council Service Fees and Charges Assistance

Please go to SETION B

Project

Please go to SECTION C

Cultural Activity

Please go to SECTION C

Event

Please go to SECTION D *and* complete a George Town Council Event Application Form (available on Council's website and at Council offices)

SECTION B: COUNCIL SERVICE FEES and CHARGES ASSISTANCE only

Name of Project/Activity

George Town Interagency Group Meetings

Dates to be conducted

Quarterly Meetings, commencing February 2014

Location

York Cove Centre

Council Services

If you wish to apply for assistance with Council Services, please nominate, including the \$ amount of assistance required (exclusive of GST).

<input checked="" type="checkbox"/> Hire of venue	\$120
<input type="checkbox"/> Council Permit Fees	\$
<input type="checkbox"/> Road Closures	\$
<input type="checkbox"/> Waste Management	\$
<input type="checkbox"/> Other (Please Specify)	\$

Declaration

This declaration must be signed by a person authorised to sign on behalf of your organisation

- I certify to the best of my knowledge that the information given on this form is complete and accurate.
- I will provide appropriate insurance to cover the proposed event/activity/project and abide by all relevant health and safety standards.
- I understand that George Town Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant to provide the appropriate insurance cover.
- I agree that if funded, funds will be used only for the project described in this application.
- I agree that all monies provided for in this grant will be reimbursed to Council should the event/activity/project be cancelled.

Signature



Date 10/02/2014

Print Name

KARYN PARKER

Position in Organisation

Director of Nursing, George Town Hospital & Community Centre

Witness Signature



Date ___/___/___

Witness Name

ANNE CAMERON

For further information on administrative issues and assistance to complete the application form, please contact:

George Town Council Community Events Officer
03) 6382 8800 council@georgetown.tas.gov.au