



RATE BASED ASSISTANCE FOR COMMUNITY ORGANISATIONS

Organisation Details

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|---|--|
| Name of Organisation: | |
| Property Address: | |
| Property No: | |
| Primary Purpose: | |
| How long has the organisation been operating: | |
| Number of people the organisation services: | |

Community Organisations

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|--|---|
| Does your organisation rely mainly on volunteer labour? | |
| Number of paid staff: | |
| Number of Volunteer Staff: | |
| Is the organisation a cultural icon which is a tourist attraction? | |
| Does your organisation have gaming machines? (If yes please give details) | |
| Does your organisation charge entrance fees for viewing or participating? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Is the property used for residential accommodation? | <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' please tick one below: <input type="checkbox"/> Aged Care Facility <input type="checkbox"/> Short Term Accommodation Other, please state: |
| Please detail profit activities carried out including player and admission fees: | |

Contact Details

| | | | |
|-----------------------------------|--|------------|--|
| Contact person's name: | | | |
| Contact person's position: | | | |
| Phone (M): | | Phone (W): | |
| Email Address: | | | |
| Postal Address of contact person: | | | |

Exceptional Circumstances

If your organisation is not eligible for the rating concession as per the Rating Concession Policy and you believe there are exceptional circumstances to receive a rating concession, please explain the reasons:

IMPORTANT: PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTATION:

- The constitution of the organisation; the constitution must clearly state prohibitions on any member of the organisation making a private profit or gain either from ongoing operations of the organisation or as a result of distribution of assets if the organisation is wound up; *and*
- Audited financial statements for the two previous years; *and*
- Any other relevant information supporting that the organisation is a not for profit entity or otherwise exists for a public purpose.
E.g. Notice of Endorsement for Charity Tax Concession (from the ATO)

Please address completed applications to the Chief Executive Officer, Cassowary Coast Regional Council and deliver to one of the Council Offices at 70 Rankin Street Innisfail, 38-40 Bryant Street Tully or 4 Balliol Street Cardwell or post to P.O. Box 887, Innisfail Q 4860.

Please note a new application is required every two (2) years if rate relief is still required. In addition, Council may request information from an organisation on a yearly basis if it considers it necessary.

Payment of the approved assistance will be applied to the rates notice upon issue.

I/we do solemnly and sincerely declare that the information set forth herein has been truthfully and correctly supplied by me/us and I/we make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the "Oaths Act 1867".

| | | | |
|----------------------|--|-------|--|
| Applicant Signature: | | Date: | |
| Applicant Signature: | | Date: | |

FOR OFFICE USE ONLY

| | | | |
|---|--|---|--|
| Has the supporting documentation been provided: | | Has the application been completed in full: | |
| Note added to property: | | Adjustment to rate file needed: | |
| Land use: | | Application Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If approved, which Category: | | Event List & Letter processed: | |
| Completed by: | | Checked & Approved by: | |

Privacy Statement: The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.