



Inkind Assistance Request

Please submit application four (4) weeks prior to event to allow approved work to be scheduled

Free or subsidised use of Council's organisational resources is recognised as a direct subsidy to a group / organisation and treated with similar equity and accountability requirements as those applicable to applicants for other Council grants or sponsorship.

All applications must be made on the Inkind Assistance Request Form. Where to value of the request does not exceed \$2,000.00, applications will be referred to the Council's Chief Executive Officer for approval. Requests valued in excess of \$2,000.00 will be forwarded to full Council for approval.

Eligible groups / organisations are required to be:

- Located within the Mackay Regional Council area
- Have the majority of members residing in the Mackay region
- Be a non profit group / organisation **or** the particular event is a charitable or community event
- Provide a community benefit to the residents of the Mackay Regional Council area

Council may consider requests outside these guidelines should there be benefits for the broader community.

Details of your group / organisation

Name of Organisation
Postal Address
Contact Person
Telephone
Fax

Does your organisation have the majority of its members residing in Mackay?

Yes

No

Give a brief description of your group / organisation (eg. non-profit etc)

Is the inkind assistance required for a charitable or community event?

Yes

No

What community benefit does your group / organisation provide to the residents of the Mackay Regional Council area.

Office Use Only

Department _____ Date / /

Estimated cost \$ _____ Actioning officer _____

Comments _____

Forwarded to _____ Date / /

Department _____ Date / /

Estimated cost \$ _____ Actioning officer _____

Comments _____

Forwarded to _____ Date / /

Department _____ Date / /

Estimated cost \$ _____ Actioning officer _____

Comments _____

Forwarded to _____ Date / /

Director Community Services

Approximate cost \$ _____ Approved Not Approved

DCS approval _____ Date / /

DCS comments _____

