



This form is to be completed when requesting Community Grants and Assistance. *Please refer to Balonne Shire Council's Community Grants and Assistance Policy for project eligibility and details.*

Privacy Notice: Balonne Shire Council is collecting the personal information you supply on this form for the purpose of receiving and considering your organisations request for funding under Council's Community Grants and Assistance Program. Personal details will not be disclosed to any other person or agency external to Council without individual consent, unless required or authorised by law. Program funding details will be published by Council in Council's annual report.

Lodgement Details							
Post to:	PO Box 201 St George Qld 4487		Deliver to:	112 – 118 Victoria Street St George QLD 4487			
Email:	cdo@balonne.qld.gov.au	Or M	ariella.Perez@balonne	e.qld.gov.au			

Section 1: Organisation and Applicants Details					
Organisation Name:	Rural Gymbaroo				
Applicants Name:	Amy De Beer				
Postal Address:	50 Walker St, Mungindi, NSW, 2406				
Contact Number:	0408148114				
Contact Email:	amyjane911@outlook.com				
Is your Organisation Not-for – Profit:	Yes ✓ No				
Is your Organisation Incorporated:	Yes (Inc. #) No (please provide Auspicing organisations details)				
Is your Organisation Registered for GST	Yes ✓ No				
ABN:	13644291315				
Does your Organisation have Public Liability Insurance (Please Attach Certificate of Currency)	✓ Yes No				





Section 2: Project/Event/Activity Details					
Event/Project Name:	ct Name: Rural Gymbaroo				
Event/Project Location:	Mungindi / Thallon				
Event/Project Date:	2021				
Assistance type:	In Kind Support Fee Waiver (over \$1,000) Sponsorships (up to \$3,000) Traffic Management Sponsorship Note: - Requests up to \$500: CEO approval/ Requests over \$501 require Councillors Approval. - The maximum amount of assistance through the sponsorships program is of \$3,000.				
Estimated Value Sought:	\$1500 Note: please complete Section 4: Budget, if requesting over \$1000				
Brief Description of Event/Project - including what the funds will be used for (Max 250 Words):	GYMBAROO AREA WEEKLY DEVELOPMENT SESSIONS FOR CHILDREN FROM BIRTH TO 5 YEARS OLD. EACH SESSION HELPS CHILDREN GAIN NOT ONLY PHYSICAL SKILLS BUT SOCIAL AND INTELECTUAL. EACH ACTIVITY, SONG SUNG, GAME PLAYED, PIECE OF EQUIPMENT USED, HELPS TO DEVELOP AND STRENGTHEN A SPECIFIC SKILL. See attachment.				
Is this a New or Existing Event/Project:	Existing New				
Is this a one-off or Annual Event/Project:	One-Off Annual				
Have you applied for funding through the Community Assistance and Grants program in the last 12 months:	Yes, Which event and amount:				





Section 3: Budget - please complete if request is greater than \$1,000

All amounts are to be shown in whole dollars and include GST.

(Attach a separate budget if insufficient space below)

Income (eg. Organisation's income, entry fee	s, in kind)	Expenditure (attach quotations) (eg. Venue Hire, Marketing, Contractors, Permits)		
Grant Funding Sources		Venue Hire (In-kind/request a fee waiver)	100	
Participant contribution (\$20 pp - Attendance 8 p/w)	160 per week	Wooden Equipment	300	
1921	NSNE terrest	Tunnel	150	
		Weekly take home activity pack	200	
to a second seco		Travel - Fuel	80 per week	
enemia be orașa S vd u	ancie bos basek	Musical Instruments	50	
Grant Requested from Council	1500	Storage	349	
Other Revenue Sources	160 per week	Soft Block	150	
TOTAL INCOME:		TOTAL EXPENDITURE:	1379	
In Kind Support:	100	Name of the		

Please ensure that budgets tally correctly and balance.

TOTAL INCOME & TOTAL EXPENDITURE need to be the same amount

How many weeks are you planning to run this for?





Section 5: DECLARATION						
I certify that the information provided in this application is	true and co	rrect and that I am authorised to make this				
application on behalf of the organisation.						
(Note: This application form must be signed by two executive officers of the incorporated body accepting legal and						
financial responsibility for Council's assistance)						
Name: Leslie Carley	Name:	Amy De Beer				
Signature:	Signature:	A.Dbeer				
Position: President Muzind Knog	Position:	Owner/Operator				
Date: 5/02/2021	Date:	4/2/2021				
Checklist	(Please Tic	k)				
✓ I have read and understood the Community Grar	nts and Ass	sistance Policy				
All required sections of the application form comp	pleted and	signed by 2 approved officers				
Section 3 – Budget is completed (if request amo	unt is over	\$1,000)				
Copy of Public Liability Certificate of Insurance a	ittached	1923 Inc. of grant institutions sumi				
Copy of Certificate of Incorporation attached (If n	not incorpora	ated - Provide details of Auspicing organisation)				
Copy of required quotes, permits/approvals attac	ched (if app	olicable)				
Completed creditor information form (if applicable	e)					
Office Use Only						
Approval up to \$500						
Approval is hereby provided for the purpose of the above mentioned in accordance with the Community Grants and						
Assistance Policy						
Approval amount:						
The state of the s						
Chief Executive Officer or delegate						
Data						



I Leslie Carter from the Progress Association in Mungindi will be submitting the Community Grants and Assistance Application Form on behalf of Amy De Beer from Rural Gymbaroo. Progress Association will receive any donations granted to Rural Gymbaroo and we will distribute the money to Amy De Beer from Rural Gymbaroo account.

Thankyou for taking the time to consider the application