## **Donation Request - Organisations**



 ABN
 95399253048

 Telephone
 1300 790 919

 Postal
 PO Box 2292 Yeppoon 4703

 Enquiries
 www.livingstone.qld.gov.au/OnlineServices

**Privacy Notice:** Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of processing your application. The Council is authorised to do this under section 369 of the Planning Act 2016 and the Building Act 1975. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

Organisation/Group Details					
Organisation Name					
Contact Person	Position				
Postal Address					
Phone	Mobile				
Email Address					
What is the primary purpose and main activities of the organisation?					

Financial Information		
Organisation's ABN		
Is your organisation/group registered for GST?	Yes	No
Is the organisation/group not-for- profit?	Yes	No
Did your organisation/group receive a Donation from Council last year?	Yes - Amount received	No
Amount requested		

## **Application Information**

What will you use this donation for? And how does this align with the Livingstone Community Plan – Towards 2050?

Have you	attempted	to raise funds	from other	sources? F	Please describe.
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Signature	
Name	
Signature	
Date	