

APPLICATION FOR CONCESSIONAL RATE

This form is to be completed annually, by organisations applying for a concession rate
Council will assess this form within 14 days from the date received.

Contact Details:

Organisation: _____
Contact Name: _____ Contact Number: _____
Email: _____ Fax: _____

Organisation Details: (Attach additional pages if additional space is required)

1.) What is the purpose of your organisation?

2.) How long has your organisation been established? _____

3.) Is the organization funded to provide services to Auburn LGA residents? Yes / No
(If Yes, please provide details)

4.) What activities do you regularly conduct? (Please attach additional information if required)

5.) What target group(s) are your activities aimed at (e.g. children, men/women, over 55s)?

6.) How will your activity/event benefit the local Auburn community?

7.) In what suburb is your organisation based? _____

8.) What percentage of people attending your activities/event lives in the Auburn Council area?
(ie. Auburn, Berala, Wentworth Point, Lidcombe, Newington, Regents Park, Rookwood and Silverwater)

Note: Council may require proof of residency from attendees to support this

Please tick the category that best describes your organisation:

- | | |
|--|--|
| <input type="checkbox"/> Religious / Worship group | <input type="checkbox"/> Government agency |
| <input type="checkbox"/> Not for profit community group / organisation | <input type="checkbox"/> Registered charity |
| <input type="checkbox"/> Strata committee | <input type="checkbox"/> Charge on a cost recovery basis |
| <input type="checkbox"/> Volunteer group | <input type="checkbox"/> Other (Please specify) _____ |

		Please circle:	
Is your organisation incorporated? If yes, please attach the following documents:		Yes	No
<input type="checkbox"/> Attached Certificate of Incorporation <input type="checkbox"/> Attached Public Liability Insurance			
Is your organisation a registered charity? If yes, please provide details & attach certificate:		Yes	No
<input type="checkbox"/> Attached Certificate of Registration			
Is your organisation affiliated with any other organisation or parent body? If yes, please provide documentation.		Yes	No
Do you charge fees for any of your activities? If yes, please provide details:		Yes	No

If you charge on a **cost recovery basis**, please provide details of your expenditure:

What major expenditure items does your group incur?	Amount
Instructors	
Insurance	
Tea / Coffee / Milk	
Craft supplies / Materials	
Administration (telephone, postage, stationary)	
Affiliation / Association Fees	
Equipment Hire / Purchase	
Money donated to Registered Charities	
Promotion	
Other (please specify):	

- Do you want your activities to be included in any promotional material?** YES NO
Is your event/activity open for the general public to attend? YES NO

Acknowledgement

- I certify that the information provided in this application is true and correct to the best of my knowledge.
- I agree to advise the Council in writing, should there be any alterations or additions to the information supplied herein.

_____ On behalf of _____
 (Hirer's Name) (Organisation)

_____ on _____
 (Signature) (Date)