**COMMUNITY FLEXIBLE FINANCIAL HARDSHIP APPLICATION 2018**

**Criteria**

**Individuals must be meet the following criteria –**

* A current resident of the Flinders Shire
* Income is **primarily sourced** through the grazing industry
* Only one application per household
* Proof of resident residential address within the Flinders Shire must be included – copy of drivers license or invoice etc. with residential address listed

**Other information -**

* This is State Government Funding under the Community Drought Support Package 2017-2018
* Applications must be received at council by ***close of business Friday, 30th June 2017*** in writing, no emailed applications will be accepted
* There is only one round, no further rounds will be called
* A total fund of $40,000 is to be distributed evenly, no fixed amount per person has been set
* No late applications will be accepted
* Funds will be distributed in a form of vouchers for local business houses in the Flinders Shire
* Vouchers can be used at any of the registered business houses
* Vouchers will be mailed to applicants within one month of closing date
* Vouchers must be expended by 31st December 2018

Applications must be submitted in hard copy addressed to:

**Chief Executive Officer**

**Community Flexible Financial Hardship**

**Tender Box – Private/ Confidential**

**PO Box 274**

**HUGHENDEN QLD 4821**

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| **Applicant Details** |
| **Name:** |       |
| **Residential Address:** |       |
| **Town:** |       |
| **Postal Address:** |       | **Post Code:** |  |
| **Phone (W):** |       | **Phone (H):** |       |
| **Mobile:** |       | **Fax:** |       |
| **Email:** |       |

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| **Details** |
| **Brief description of how the drought has affected you and how these vouchers will assist you?** |       |
| **Proof of residential address:** |  **[ ]  Yes [ ]  No** |
| **Declaration** |
| **This Declaration requires the signature of the applicant or representative of the applicant.**I certify that I am authorised by the applicant to prepare and submit this application I have read and understand the criteria relating to Community Flexible Hardship Financial and certify that to the best of my knowledge the information provided in this form is correct.I agree to provide Council with additional information if required to assess this application.**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**       |
| **Privacy Collection Notice** | *Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.* |
| **Office Use Only** |
| **Name of Officer receiving Request:** |       |
| **Signature:** |   **Date:**       |
| **Resolution Result:** | **[ ] Successful** **[ ] Unsuccessful** | **Resolution No.:** |       |
| **Amount Given:** |       | **Date of Resolution:** |       |
| **Response Letter Doc No.:** |       | **Date of Letter:** |       |
| **Responsible Officer Name:** |       | **Signature:** |  |