

## ACTIVE COMMUNITY SUPPORT Application for Authority to Fundraise

Please ensure you have read and understood the Guidelines to your responsibilities before submitting this form.

### SECTION 1 – ORGANISER’S CONTACT DETAILS

Title Mr/Mrs/Ms/Dr (please circle) Other.....

First Name..... Last Name.....

Address .....

Suburb..... Postcode..... Phone.....

Mobile..... Email.....

Do you have any history of criminal convictions? Yes/No (please circle and if yes, provide further details)

Is your activity with a Community Group? Yes/No (please circle and if yes, provide further details)

Relationship to the Group.....

Community Group Name.....

Type of Group or Organization? (ie. private business, school, sporting club, community group etc)

Type..... ABN (if applicable).....

### SECTION 2 - PROPOSED FUNDRAISING ACTIVITY

Proposed Activity Name.....

Brief Description of Your Activity & Type (ie. private or corporate event, group donation/collection, school activity, retail initiative etc).....

Proposed Date/s..... Estimated Attendees.....

Venue Name & Address (if applicable).....

Has this activity been approved by Multicap previously? Yes/No (please circle and if yes, provide further details).....

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Please provide details of any sponsors associated with your fundraising activity (if applicable)

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How will you raise funds from this activity?.....

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Will all the proceeds be donated to Multicap? Yes/No (please circle and if no, provide further details of all other recipient organisations/charities and the percentage split and/or details of where the remaining funds will go).....

.....

### SECTION 3 - BUDGET

Your fundraising activity cannot be used for your own direct commercial gain or profiteering. It is solely your responsibility as the organiser to ensure appropriate financial management of your activity. Your fundraising activity must not involve any unnecessary or high level financial or physical risk to Multicap or the community

If you estimate that the funds raised are less than \$500 please proceed to SECTION 4.

Please complete this section if it is expected that your activity will provide a return greater than \$500 to Multicap. If your activity is being specifically held to raise funds for Multicap your expenditure should not exceed 25% of your event income. Should your expenditure exceed this amount you should clearly indicate these expenses as fair and reasonable. No expenses are to be made in the name of Multicap. You should estimate the following figures as accurately as possible. Alternatively you can attach a separate detailed budget.

**Total estimated income to be generated** \$ .....

**Total estimated costs to be incurred** \$ .....

**Details of expected expenditure** (ie. equipment, promotion, venue hire etc)

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.....

**Total estimated net revenue to be donated to Multicap** \$ .....

**Budget notes**.....

.....

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### SECTION 4 – INSURANCE & LEGAL MATTERS

As the organiser you must ensure any fundraising activities meet best practice requirements for the relevant Queensland charities guidelines. It is the sole responsibility of the organiser to ensure relevant permits, authorities, and/or licenses are obtained.

- |  |                               |
|--|-------------------------------|
| <b>Do you need/have Public Liability Insurance for this activity?</b>          | <b>Yes/No</b> (please circle) |
| <b>Does the activity require permits from council/government bodies?</b>       | <b>Yes/No</b> (please circle) |
| <b>Does the activity involve lotteries, raffles, auctions or competitions?</b> | <b>Yes/No</b> (please circle) |
| <b>Do you need/have permits if required for the above activities?</b>          | <b>Yes/No</b> (please circle) |

### SECTION 5 – MULTICAP SUPPORT

Multicap is happy to provide materials to assist in promoting your fundraising activity (subject to availability). Please indicate your requirements. Please allow 3-5 working days for Multicap to approve your promotional materials using our banners prior to proceeding.

Please tick item	Quantity/Type
<input type="checkbox"/> About Multicap services brochure	-----
<input type="checkbox"/> Multicap banner for promotional materials (pre approval required)	printed/electronic
<input type="checkbox"/> Multicap Wishing Well for donations - limit 1 large wooden well or small plastic wells	-----
<input type="checkbox"/> Listing in Multicap's event calendar (using details from this registration form)	Yes/No
<input type="checkbox"/> Multicap Lottery tickets to sell (a staff member will call)	Yes/No
<input type="checkbox"/> Monte Lupo Arts ceramic and gifts to sell (a staff member will call)	Yes/No
<input type="checkbox"/> Multicap "Inspirational Supporter" Logo	Yes/No
(Please refer to the Active Community Support Guidelines for correct emblem usage)	

**In which way/s do you intend to use the Logo?**

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### SECTION 6 - ORGANISER'S ACKNOWLEDGEMENT

Please tick each box to indicate your acknowledgement and acceptance of the terms and conditions for holding a Community Fundraising Activity for Multicap. If you are under 18 years of age, please ensure a parent or guardian signs this form on your behalf.

- I have read, understood and agree to the terms and conditions outlined in the Guidelines to Your Responsibilities. As the organiser I agree to release Multicap to the fullest extent permissible under law for all claims and demands of any kind associated with my fundraising activity. Further, I agree to indemnify Multicap from and against all liability or costs that may arise in respect to any damage, loss, or injury occurring to any person in any way arising at, or from, my activity caused by breach of these responsibilities or my negligence.
- I confirm that all information provided in this document is true and correct at the time of submission and any alterations to the information after the approval process will be forwarded in writing to Multicap for further review prior to the activity being held.
- I agree to return all funds to Multicap within 14 working days of the conclusion of the fundraising activity.

**Name** (please print).....

**Signature**..... **Date**.....

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### SECTION 7 – OFFICE USE ONLY

Received by (name).....

Position..... Date.....

Is the activity approved? Yes/No (please circle and note date) Date.....

If activity is approved note identification number issued ID No.....

Letter of authority or non acceptance, date sent Date.....

Funds returned within 14 days of end? Yes/No (please circle and note date) Date.....

Notes.....

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#### Contact Details

Please contact our Marketing & Communication team on 3340 9000 or email [events@multicap.org.au](mailto:events@multicap.org.au) for more information.

Thank you for your wonderful support. Together we make a positive circle of support... In all ways and always.