# Application for Duaringa Flying-Fox Impact Assistance
Form Preview

## Applicant Details

* indicates a required field

**Applicant** *
Title First Name Last Name

**Applicant Primary Address** *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Applicant Postal Address** *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Applicant Primary Phone Number** *

**Applicant Primary Email** *

**Applicant Date of Birth** *

**Proof of Residency**
Attach a file:

**Proof of Property Ownership**
Attach a file:

## Business Details

**Applicant ABN**

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register | |
|---|---|
| ABN | |
| Entity Name | |
| ABN Status | |
| Entity Type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main Business Location | |

Must be an ABN.

**Applicant Position**

**Business Address**
Address

**Business Phone Number**

**Business Email**

## Reimbursement Item(s)

* indicates a required field

### Item 1

**Item 1 - Description** *

**Item 1 - Claim Amount** *

Must be a dollar amount and no more than 5000.

**Item 1 - Date of Expenditure** *

Must be a date and no earlier than 1/3/2025.

**Item 1 - Evidence** *
Attach a file:

**Item 1 - Supporting Evidence**
Attach a file:

## Item 2

**Item 2 - Description**

**Item 2 - Claim Amount**

Must be a dollar amount.

**Item 2 - Date of Expenditure**

Must be a date and no earlier than 1/3/2025.

**Item 2 - Evidence**
Attach a file:

**Item 2 - Supporting Evidence**
Attach a file:

## Item 3

**Item 3 - Description**

**Item 3 - Claim Amount**

Must be a dollar amount.

**Item 3 - Date of Expenditure**

Must be a date and no earlier than 1/3/2025.

**Item 3 - Evidence**
Attach a file:

**Item 3 - Supporting Evidence**
Attach a file:

## Item 4

**Item 4 - Description**

**Item 4 - Claim Amount**

Must be a dollar amount.

**Item 4 - Date of Expenditure**

Must be a date and no earlier than 1/3/2025.

**Item 4 - Evidence**
Attach a file:

**Item 4 - Supporting Evidence**
Attach a file:

## Item 5

**Item 5 - Description**

**Item 5 - Claim Amount**

Must be a dollar amount.

**Item 5 - Date of Expenditure**

Must be a date and no earlier than 1/3/2025.

**Item 5 - Evidence**

Attach a file:

**Item 5 - Supporting Evidence**
Attach a file:

## Item 6

**Item 6 - Description**

**Item 6 - Claim Amount**

Must be a dollar amount.

**Item 6 - Date of Expenditure**

Must be a date and no earlier than 1/3/2025.

**Item 6 - Evidence**
Attach a file:

**Item 6 - Supporting Evidence**
Attach a file:

## Item 7

**Item 7 - Description**

**Item 7 - Claim Amount**

Must be a dollar amount.

**Item 7 - Date of Expenditure**

Must be a date and no earlier than 1/3/2025.

**Item 7 - Evidence**
Attach a file:

**Item 7 - Supporting Evidence**
Attach a file:

## Item 8

**Item 8 - Description**

**Item 8 - Claim Amount**

Must be a dollar amount.

**Item 8 - Date of Expenditure**

Must be a date and no earlier than 1/3/2025.

**Item 8 - Evidence**
Attach a file:

**Item 8 - Supporting Evidence**
Attach a file:

## Total Amount

**Total Amount Requested** *

Must be a dollar amount and no more than 5000.

# Applicant's Declaration

* indicates a required field

## Please read the below carefully

**Declaration** *
☐ I declare that the information provided in this application is true and correct.
☐ I confirm that all expenditures claimed are directly related to impacts from flying-fox activity at my residential property or business and are eligible under the program guidelines.
☐ I acknowledge that Council may request additional information or supporting documentation to verify this claim and may audit any application submitted under this program.

☐ I understand that any reimbursement paid based on false or misleading information may be recovered by Council.

**Applicant Name** *

**Date of Completion** *