



Buy Local

ROUND 4

Grant Application | 200 x \$5,000

Date of Application ____ / ____ / ____

Brigade Name _____ RFSQ Area _____

Contact person _____ Contact Number _____

Address (for correspondence) _____

Email _____

Member numbers: Active _____ Support _____

Item/s for Funding

Please note there is a limit of \$5,000 inclusive of GST that can be spent with local business/es.

 *Please attach all quotations from local supplier/s.*

Ensure your supplier can issue a tax invoice with bank details to the Rural Fire Brigades Association Qld if you are successful. We cannot pay quotes, purchase orders etc, or invoices made out to your brigade etc. Also ensure they are willing to issue split invoices, if your grant exceeds \$5,000 inc GST.

Have you confirmed your supplier will be able to issue a Tax Invoice made out to the Rural Fire Brigades Association Qld, with bank details, should your grant be approved? Yes No

Have you confirmed item/s not available through Rural Fire Service? Yes No

Does your Council raise a levy on behalf of your Brigade? Yes No

How do you get the majority of your income?

Do you have a fire station / shed? Yes No

Does your fire station / shed need upgrading? Yes No



There is \$10 million available from the State Government for station / shed upgrades. Contact your RFSQ Area Office.

Time to sign!

Signature

Date

First Officer _____ / ____ / ____

Secretary _____ / ____ / ____

That's it – all done!

Please forward this application to us by email or post. We will then seek input from your local RFBAQ Representative and RFSQ Area Director.

**Send your Grant Application Form
and supporting documentation to
support@rfbaq.org**

Or...
Rural Fire Brigades Association Qld Inc
Grant Funding Application
28 Fraser Road
ARALUEN QLD 4570

ROUND FOUR

Closing Date:
2nd October 2023

OFFICE USE ONLY Version 20230418

Area Office to Complete

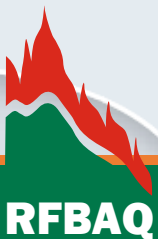
Is the information provided by the brigade accurate? Yes / No

Area Director	Name	Signature	Date
	_____	_____	____ / ____ / ____

RFBAQ Area Representative to Complete

Are you in support of this application? Yes / No

RFBAQ Rep	Name	Signature	Date
	_____	_____	____ / ____ / ____



RFBAQ