Form Preview

Active & Healthy Program - Request for Proposal

* indicates a required field

Active & Healthy Program Information

Are you passionate about helping the community? Do you want to deliver activities that make a difference to the health and wellbeing of people living in Logan?

Logan City Council's <u>Active & Healthy program</u> provides Logan residents with a range of local and affordable activities. The program's focus is on delivering low-cost health and wellbeing activities in Council parks and community facilities.

Successful activities will be delivered between 1 October 2023 to 30 June 2024. There will be a four week break from Monday 11 December 2023 to Sunday 7 January 2024. Activities are not delivered on public holidays.

Please ensure you have read the <u>'Request for Proposal' information sheet</u> prior to submitting an application.

You can submit an application for as many different activities as you'd like to deliver; however, it's important to note, you can only add up to 4 activities per application. If you have more than 4 activities to submit, you'll need to put in a separate application form.

Applications close on 1 September 2023. We'll be in touch if you are successful by 15 September 2023.

 Yes No Please read the information sheet and select 'yes' in order to continue.
Please ensure you read the <u>'Request for Proposal' information sheet</u> before completing your application.
Business Information
* indicates a required field
Name of business/organisation * Organisation Name
ABN *

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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 Busin	ness 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.		
Applicants name *		
Organisation Name		
A	A.S	
Applicants role in the organisa	ation *	
Applicants Phone Number *		
Must be an Australian phone number.		
Please include area code.		
Applicants Email address *		
Must be an email address.		
Street Address *		
Address		
Address Line 1, Suburb/Town, State/Pr	rovince, and Postcode are required. Co	ountry must be Australia
Mailing Address *		
Mailing Address * Address		
Address Line 1, Suburb/Town, State/Pr	rovince, and Postcode are required. Co	ountry must be Australia

Business/Organisation Website
Must be a URL.
Business/Organisation Social Media Page
Proposed Activity Information - Activity 1
* indicates a required field
Activity Outline
What is the name of your activity? *
Note: Activity name may be changed if successful.
Please describe your activity: *
Word acust
Word count: Must be at least 20 words.
Would you describe this activity as gentle/low intensity - suitable for seniors,
<pre>expectant mothers or those with injury? *</pre>
NoNot applicable
What are the benefits of this activity for Logan residents? *
The tare and benefits or any activity for Logan restactions.
Word count:
Must be at least 20 words. Why is this activity needed in Logan?
Which category does this activity best align with? *
Fitness
Health and wellbeingSport, recreation and outdoors
O Stretch and move Activities may be suitable for multiple categories, however, please choose which category is most reflective of this activity.

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Is this activity a cooking class ○ Yes ○ No	5 ? *
Activity Delivery	
What format is this activity d ○ In person	elivered in? * Online
Is this activity for a particular O Yes E.g. children, over 50's, youth (12-17)	○ No (all ages)
Please specify what age group this activity is for? *	
Is there a minimum or maximum age that can attend? *	E.g. participants may need to be a minimum of 12 years of age to take part safely.
What is the maximum number of participants that can attend each session? *	Must be a number. Please keep in mind venue capacity and safe ratio of participants to facilitator.
How long will this activity run per session? *	The length of time your activity will take to be delivered e.g. 1 hour.
What is your preferred time of day to deliver this activity? *	Please indicate an idea of time e.g. 9am or if flexible: mid-morning.
Would you be able to deliver this activity outside of standard business hours? *	 Yes, before 9am Yes, after 5pm Available on weekends No, unable to deliver outside of business hours Other: Please select all that apply.

How often will this activity be delivered? *

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E.g. Is your activity a one-off cooking workshop or Thursday?	a weekly bootcamp activity that occurs every
What day/s of the week would you be also do not be	ole to deliver this activity? * □ Thursdays □ Fridays □ Saturdays □
Will this activity be delivered during the O Yes Providers are able to decide if their activity will co	○ No
What date/s will this activity be delivered	ed? *
Please outline specific activity date/s between 1 Ju	aly 2023 and 30 June 2024.
Please specify: *	
Please outline when your activity would be deliver	ed.
Is this activity already being delivered in Yes	n the community? * ○ No
Is the activity already being delivered he location as requested above in your apports of Yes	
Does the existing activity currently rece O Yes	ive funding for delivery? * O No
Please provide more information as to w Healthy funding: *	thy this existing activity requires Active &

Cooking Class Delivery

If you are delivering a cooking or nutrition class, it is important for us to understand more about your classes and what is involved in their delivery.

Please note that cooking class messaging should align with the <u>Australian Dietary</u> Guidelines.

Please describe what is involved in the delivery of your sessions, including set up and delivery: ${\color{red}^{*}}$
Please ensure you describe the set-up, menu/recipes, preparation time etc.
If you are delivering a cooking class, how will your activity be delivered? * O Demonstration O Group activity (shared cooking) O Hands-on class (each participant cooks their own meal)
Please upload a sample menu (optional): Attach a file:
This will assist in providing us with a better understanding of your activity.
Qualifications
Are you delivering this activity as an Allied Health Professional? * ○ Yes ○ No
What experience or qualifications do you have to deliver this activity? *
Please attach a copy of your relevant qualifications for this activity (if relevant) Attach a file:
How does your qualification as an Allied Health Professional assist in the facilitation of this activity? *
Please upload a copy of your allied health qualifications: * Attach a file:
Activity Location

Form Preview

The Active & Healthy program is a Logan City Council funded program. The program gives preference to the use of our <u>parks</u> and community facilities. Activities delivered in a <u>Council Community Centre</u> or community facility may be eligible to have venue hire costs reimbursed if a <u>Council park</u> is not a suitable option for activity delivery. **It is important to note that no venue hire will be paid for activities delivered in your place of business.**

Activities must be delivered within the City of Logan. A map of Logan City can be found here.

Locations may be negotiated with you to ensure an even spread of activities across the City. The more flexible you are with activity locations, the better.

Activity delivery locations and any associated venue hire costs will be negotiated with the Community Programming Officer. If you are requesting venue hire, you may be required to provide proof of venue hire costs if your application progresses.

Please note, it is solely your responsibility to make all relevant bookings in local parks and venues, should you be successful and this will be communicated to you on successful application.

Do you have a park, commun O Yes O No	ity centre, or venue in mind	d to deliver this activity? *
What is the name of the park/venue? *		
What is the address of the park/venue? *	Address Address Line 1, Suburb/Town, Strequired.	rate/Province, and Postcode are
Have you checked if this park/venue is available and suitable for your proposed activity? *	O Yes O No You will be responsible for all aspects of organising this location/ venue including payment and bookings, if your activity is successful.	
Is venue hire applicable? (Please don't include pool hire here) *	O Yes Please note: there are no venue delivery of an activity at a Counc	
Are there pool hire costs to deliver this activity? *	○ Yes	○ No
Would you be willing to delive please select all that apply: * □ Yes, I can deliver this activity □ Yes, I can deliver this activity □ No, the delivery location of the second s	in a Council park in a community centre or faci	

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□ Other:			
What suburbs of Loga	an are vou willing to	o service? *	
☐ All suburbs in Logan		☐ Loganlea	☐ Silverbark Ridge
	☐ Edens Landing	☐ Lyons	☐ Slacks Creek
□ Bannockburn □	□ Flagstone	☐ Maclean (North & South)	☐ Springwood
☐ Beenleigh ☐	☐ Flinders Lakes	□ Marsden	☐ Stockleigh
☐ Belivah ☐	☐ Forestdale	☐ Meadowbrook	☐ Tamborine
☐ Berrinba ☐	□ Glenlogan	☐ Monarch Glen	□ Tanah Merah
	□ Greenbank	☐ Mount Warren Park	
	☐ Heritage Park	☐ Mundoolun	□ Undullah
_ D. O	☐ Hillcrest	☐ Munruben	□ Veresdale
	☐ Holmview	□ New Beith	☐ Veresdale Scrub
	☐ Jimboomba	☐ Park Ridge	☐ Waterford
	□ Kagaru	☐ Park Ridge South	☐ Waterford West
	□ Kairabah □ Kingston	□ Priestdale□ Regents Park	☐ Windaroo☐ Wolffdene
	☐ Logan Central	☐ Riverbend	□ Woodhill
	☐ Logan Central	☐ Rochedale South	□ Woodring
	□ Logan Village	☐ Shailer Park	☐ Yarrabilba
	□ Logan Village □ Loganholme	- Shaller Fark	- Tarrabilba
	3.		
			16 .1 6 11 1 1
When looking at locat			cify the following: *
☐ I can deliver this act			
☐ I can deliver this act☐ Other:	ivity in a community o	Lentre or facility	
□ Other.			
Do you have any spec	cific venue/location	requirements for the	delivery of your
activity?			

Activity Costs

Participant Fees

A small fee can be charged to participants at each activity. These participant fees are collected and retained by you, as the provider. If you'd prefer not to accept money from participants the activity can be listed as 'free'.

Please consider the benefits to the community of providing a free or low-cost class and choose the smallest participant fee possible to help reduce barriers to participation.

It is important to note, \$5 per person is the maximum amount that can be charged to participants.

What will the cost be for participants to attend your activity? * Free (no cost) \$1 \$2 \$3 \$4 \$5
Please explain why the activity costs differ: *
Service Provider Funding
Service provider funding of up to \$60 per hour is available for activities delivered in the Active & Healthy program. More detailed information about the <u>program funding</u> , including <u>FAQ's</u> , can be found here.
Value for money is an important consideration when programming Active and Healthy activities. Please consider the potential funds obtained by collecting participant fees for you activity, and what hourly service provider rate you require to deliver your activity.
Please be advised that the provider fee paid is reflective of the activity delivery time. For example, you may opt to be paid \$40/hour, but only deliver a 30 minute activity. You would therefore receive a \$20 service provider fee for the 30 minute activity.
What hourly service provider rate would you need to be reimbursed in order to successfully deliver your activity: * \$20/hour
Please provide a justification for the rate you have requested:
Ensure you consider value for money and the funds collected from participant fees when deciding an hourly service provider rate.
Do you require payment of the Allied Health subsidy (an additional \$10/hr for your activity in addition to your service provider fee) in order to deliver your activity? * O Yes O No

Form Preview

Cooking Class - Cost Breakdown

To enable the delivery of cooking workshops, additional funding may be provided for consumables associated with your cooking class delivery. Items that may be funded include cooking ingredients, pantry essentials and consumable items including things such as paper towel and alfoil.

Please provide a detailed cost breakdown of any expenses you are requesting to be funded. Please ensure this cost breakdown is for one cooking class session. **Please do not include in-kind expenses in this cost breakdown.**

Please note, you may be required to show proof of consumable costs if your application progresses.

Expenses	<u> </u>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Venue Hire Costs

What is the hourly rate to hire your preferred venue?

5

Must be a dollar amount.

Please be aware that you may be required to provide a quote for venue hire costs if your application is successful.

Pool Hire - Cost Breakdown

To enable the delivery of activities requiring the use of a pool, additional funding may be provided to cover pool hire costs.

Please provide a detailed cost breakdown of any expenses you are requesting to be funded. Please ensure this cost breakdown is reflective of the costs for one activity session (e.g. 1 hour class). Please do not include in-kind expenses in this cost breakdown.

Please note, you may be required to show proof of pool hire costs if your application progresses.

Expenses	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Form Preview

Access and Inclusion

Logan City Council are committed to ensuring that people of all abilities and backgrounds are able to fulfil their potential in the City of Logan.

Providers are expected to ensure activities are accessible and inclusive wherever possible.

How will you ensure this activity is accessible and inclusive of the wider Logan community? *
Word count: This includes accessible classes for those with disability (visible and non-visible), and inclusive of those from diverse cultural backgrounds and our First Nations People.
Booking Information
Activity contact information will be displayed to the general public for successful providers on the Active & Healthy website, program booklet and as part of the wider marketing campaign. The information provided will consist of:
 trading name contact number email address booking webpage link (if relevant)
It is recommended you provide both a phone number and email address, however, if you would only like to provide one form of contact, please specify this below.
This contact information will be provided for all activities, whether or not bookings are required.
If bookings are required, please indicate below so we can ensure this is specified with your activity details.
Are bookings required for your activity? * O Yes O No
If bookings are not required, it is assumed that participants can show up on the day and partake in the activity
Please provide the email address for general public information and bookings:
Must be an email address.
Please provide the phone number for general public information and bookings:
Must be an Australian phone number

If participants are able to book via a website, please provide a link:

Must be a URL.	
Are participants required to bring anything to the activity? If so,	please specify
Activity Promotion	
If successful, we will promote your activity on the Active & Healthy webs booklet and as part of our wider marketing campaign.	ite, program
However, as the provider, you are ultimately responsible for the promoti your individual activity/s. Activities which consistently have low or no att three month period may be removed from the program.	
What steps will you take to promote this activity to ensure succe	ess? *
Other Activity Information	
If there is any information about your activity that hasn't been on please outline here:	overed above,
Would you like to apply for another activity? * O Yes	
O No	
Proposed Activity Information - Activity 2	
* indicates a required field	
Activity Outline	
•	
What is the name of your activity? *	
Note: Activity name may be changed if successful.	
Please describe your activity: *	

Word count: Must be at least 20 words.	
Would you describe this active expectant mothers or those voor the control of the	rity as gentle/low intensity - sui vith injury? *
What are the benefits of this	activity for Logan residents? *
Word count: Must be at least 20 words. Why is this activity needed in Logan?	
 Which category does this action Fitness Health and wellbeing Sport, recreation and outdoor Stretch and move 	-
Is this activity a cooking class O Yes O No	5 ? *
Activity Delivery	
What format is this activity d ○ In person	elivered in? * Online
Is this activity for a particular O Yes E.g. children, over 50's, youth (12-17)	○ No (all ages)
Please specify what age group this activity is for? *	
Is there a minimum or maximum age that can attend? *	E.g. participants may need to be a mi to take part safely.

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What is the maximum number of participants that can attend each session? *	Must be a number. Please keep in mind venue capacity and safe ratio of participants to facilitator.
How long will this activity run per session?	The length of time your activity will take to be delivered e.g. 1 hour.
What is your preferred time of day to deliver this activity? *	Please indicate an idea of time e.g. 9am or if flexible: mid-morning.
Would you be able to deliver this activity outside of standard business hours? *	 Yes, before 9am Yes, after 5pm Available on weekends No, unable to deliver outside of business hours □ Other:
	Please select all that apply.
How often will this activity be	delivered? *
E.g. Is your activity a one-off cooking Thursday?	workshop or a weekly bootcamp activity that occurs every
	I you be able to deliver this activity? * /ednesdays □ Thursdays □ Fridays □ Saturdays □
Will this activity be delivered	- N
O Yes Providers are able to decide if their a	O No ctivity will continue to be delivered during school holidays.
What date/s will this activity	be delivered? *
Please outline specific activity date/s	between 1 July 2023 and 30 June 2024.
Please specify: *	
Please outline when your activity wou	uld be delivered.

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Is this activity already being delivered in the community? *

○ Yes	○ No
Is the activity already being delivered location as requested above in your ap Yes	
Does the existing activity currently rec Yes	ceive funding for delivery? * ○ No
Please provide more information as to Healthy funding: *	why this existing activity requires Active &
Cooking Class Delivery	
,	class, it is important for us to understand more their delivery.
<u>Guidelines</u> .	nessaging should align with the <u>Australian Dietar</u> y
Please describe what is involved in the and delivery: *	e delivery of your sessions, including set up
Please ensure you describe the set-up, menu/re-	cipes, preparation time etc.
 If you are delivering a cooking class, h Demonstration Group activity (shared cooking) Hands-on class (each participant cooks 	
Please upload a sample menu (optional Attach a file: This will assist in providing us with a better under	
Qualifications	
Are you delivering this activity as an A O Yes O No	Allied Health Professional? *

What experience or qualificat	ions do you have to deliver this activity? *			
Please attach a copy of your r Attach a file:	relevant qualifications for this activity (if relevant)			
	s an Allied Health Professional assist in the			
facilitation of this activity? *				
Please upload a copy of your	allied health qualifications: *			
Attach a file:				
Activity Location				
gives preference to the use of our Council Community Centre or con reimbursed if a Council park is no	a Logan City Council funded program. The program r parks and community facilities. Activities delivered in a munity facility may be eligible to have venue hire costs a suitable option for activity delivery. It is important label paid for activities delivered in your place of			
Activities must be delivered within here.	n the City of Logan. A map of Logan City can be found			
Locations may be negotiated with The more flexible you are with ac	n you to ensure an even spread of activities across the City. tivity locations, the better.			
	y associated venue hire costs will be negotiated with the If you are requesting venue hire, you may be required to if your application progresses.			
	responsibility to make all relevant bookings in local be successful and this will be communicated to you			
Do you have a park, communico Yes ○ No	ty centre, or venue in mind to deliver this activity? *			
What is the name of the park/venue? *				
What is the address of the park/venue? *	Address			

		Address Lin required.	e 1, S	Suburb/Town, State,	/Provii	nce, and Postcode are
Have you checked if park/venue is availal and suitable for your proposed activity? *	ble			•		organising this location/ f your activity is
Is venue hire applica (Please don't include pool hire here) *		○ Yes		0	No	
Are there pool hire c to deliver this activit		○ Yes		0	No	
Would you be willing please select all that ☐ Yes, I can deliver th ☐ Yes, I can deliver th ☐ No, the delivery loc ☐ Other:	t apply: * his activity his activity	in a Counc in a comm	il pai unity	rk v centre or facility		cation/venue? If so,
□ Bannockburn □ Beenleigh □ Belivah □ Berrinba □ Bethania □ Boronia Heights □ Browns Plains □ Buccan □ Carbrook □ Cedar Creek □ Cedar Grove □ Cedar Vale □ Chambers Flat □ Cornubia □ Crestmead	☐ Eagleb ☐ Edens ☐ Flagsto ☐ Flinder ☐ Foresto ☐ Glenloo ☐ Heritag ☐ Hillcres ☐ Holmv ☐ Jimboo ☐ Kagaru ☐ Kairab ☐ Kingsto	Landing cone rs Lakes dale gan bank ge Park st iew comba lah con Central Reserve Village	Sc	Loganlea Lyons Maclean (North & Outh) Marsden Meadowbrook Monarch Glen Mount Warren Pa Mundoolun Munruben New Beith Park Ridge Park Ridge South Priestdale Regents Park Riverbend Rochedale South Shailer Park	ark	Stockleigh Tamborine Tanah Merah Underwood Undullah Veresdale Veresdale Scrub Waterford Waterford Windaroo
When looking at loca ☐ I can deliver this ac ☐ I can deliver this ac	tivity in a	Council par	k		peci	fy the following: *

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Service Provider Funding

Service provider funding of up to \$60 per hour is available for activities delivered in the Active & Healthy program. More detailed information about the <u>program funding</u>, including FAQ's, can be found here.

Value for money is an important consideration when programming Active & Healthy activities. Please consider the potential funds obtained by collecting participant fees for your activity, and what hourly service provider rate you require to deliver your activity.

Please be advised that the provider fee paid is reflective of the activity delivery time. For example, you may opt to be paid \$40/hour, but only deliver a 30 minute activity. You would therefore receive a \$20 service provider fee for the 30 minute activity.

	er rate would you need to be reimbursed in order to			
successfully deliver your act \$20/hour \$30/hour	civity: *			
\$40/hour\$50/hour				
\$60/hour \$60 per hour is the maximum servi	ice provider fee avaialble			
Please provide a justification	n for the rate you have requested:			
Ensure you consider value for mone hourly service provider rate.	ey and the funds collected from participant fees when deciding an			
your activity in addition to y activity? *	the Allied Health subsidy (an additional \$10/hr for your service provider fee) in order to deliver your			
○ Yes○ No				
Cooking Class - Cost Breakd	own			
To enable the delivery of cooking workshops, additional funding may be provided for consumables associated with your cooking class delivery. Items that may be funded include cooking ingredients, pantry essentials and consumable items including things such as paper towel and alfoil.				
	preakdown of any expenses you are requesting to be funded. own is for one cooking class session. Please do not include t breakdown.			
Please note, you may be require progresses.	ed to show proof of consumable costs if your application			
Expenses	\$			
	\$			
	\$ \$			
	\$			
	\$			
	\$			
	\$			
Venue Hire Costs				
What is the hourly rate	\$			
to hire the venue?	Must be a dollar amount.			

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Please be aware that you may be required to provide a quote for venue hire costs if your application is successful.

Pool Hire - Cost Breakdown

To enable the delivery of activities requiring the use of a pool, additional funding may be provided to cover pool hire costs.

Please provide a detailed cost breakdown of any expenses you are requesting to be funded. Please ensure this cost breakdown is reflective of the costs for one activity session (e.g. 1 hour class). Please do not include in-kind expenses in this cost breakdown.

Please note, you may be required to show proof of pool hire costs if your application progresses.

Expenses	\$
	\$
	 \$
	\$
	\$
	\$
	\$
	\$
	\$

Access and Inclusion

Logan City Council are committed to ensuring that people of all abilities and backgrounds are able to fulfil their potential in the City of Logan.

Providers are expected to ensure activities are accessible and inclusive wherever possible.

How will you ensure your activity is accessible and inclusive community? *	of the wider Logar	

Word count:

Must be at least 20 words.

This includes accessible classes for those with disability (visible and non-visible), and inclusive of those from diverse cultural backgrounds and our First Nations People.

Booking Information

Activity contact information will be displayed to the general public for successful providers in the Active & Healthy booklet and as part of the wider marketing campaign. The information provided will consist of:

- trading name
- contact number

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- email address
- booking webpage link (if relevant)

Other Activity Information

It is recommended you provide both a phone number and email address, however, if you would only like to provide one form of contact, please specify this below.

This contact information will be provided for all activities, whether or not bookings are required.

If bookings are required, please indicate below so we can ensure this is specified with your activity details.

Are bookings required for your activity? * O Yes O No If bookings are not required, it is assumed that participants can show up on the day and partake in the activity.
Please provide the email address for general public information and bookings:
Must be an email address.
Please provide the phone number for general public information and bookings:
Must be an Australian phone number.
If participants are able to book via a website, please provide a link:
Must be a URL.
Are participants required to bring anything to the activity? If so, please specify: *
Activity Promotion
If successful, we will promote your activity as part of our Active & Healthy booklet and wider marketing campaign.
However, as the provider, you are ultimately responsible for the promotion and success of your individual activity/s. Activities which consistently have low or no attendance after a three month period may be removed from the program.
What steps will you take to promote your activity? *

If there is any information about your activity that hasn't been covered above, please outline here:		
Would you like to apply for another activity? * ○ Yes ○ No		
Proposed Activity Information - Activity 3		
* indicates a required field		
Activity Outline		
What is the name of your activity? *		
Note: Activity name may be changed if successful.		
Please describe your activity: *		
Word count: Must be at least 20 words.		
Would you describe this activity as gentle/low intensity - suitable for seniors, expectant mothers or those with injury? * O Yes O No		
O Not applicable		
What are the benefits of this activity for Logan residents? *		
Word count: Must be at least 20 words. Why is this activity needed in Logan?		
Which category does this activity best align with? * ○ Fitness		
 Health and wellbeing Sport, recreation and outdoors Stretch and move 		

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Activities may be suitable for multiple categories, however, please choose which category is most reflective of this activity.

Is this activity a cooking class? * O Yes O No		
Activity Delivery		
What format is this activity delivered in? * ○ In person ○ Online		
Is this activity for a particular age group? * O Yes O No (all ages) E.g. children, over 50's, youth (12-17 years)		
Please specify what age group this activity is for? *		
Is there a minimum or		
maximum age that can attend? *	E.g. participants may need to be a minimum of 12 years of age to take part safely.	
What is the maximum		
number of participants that can attend each session? *	Must be a number. Please keep in mind venue capacity and safe ratio of participants to facilitator.	
How long will this		
activity run per session? *	The length of time your activity will take to be delivered e.g. 1 hour.	
What is your preferred time of day to deliver		
this activity? *	Please indicate an idea of time e.g. 9am or if flexible: mid-morning.	
Would you be able to deliver your activity outside of standard business hours? *	 Yes, before 9am Yes, after 5pm Available on weekends No, unable to deliver outside of business hours Other: 	
	Please select all that apply	

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How often will this activity be delivered? *
E.g. Is your activity a one-off cooking workshop or a weekly bootcamp activity that occurs every Thursday?
What day/s of the week would you be able to deliver your activity? * □ Mondays □ Tuesdays □ Wednesdays □ Thursdays □ Fridays □ Saturdays □ Sundays Please select all that apply.
Will this activity be delivered during the school holidays? *
○ Yes ○ No
Providers are able to decide if their activity will continue to be delivered during school holidays.
What date/s will this activity be delivered? *
Please outline specific activity date/s between 1 July 2023 and 30 June 2024.
Please specify: *
Please outline when your activity would be delivered.
Is this activity already being delivered in the community? *
O Yes O No
Is the activity already being delivered happening at the same day, time and location as requested above in your application? * ○ Yes ○ No
Does the existing activity currently receive funding for delivery? *
○ Yes ○ No
Please provide more information as to why this existing activity requires Active & Healthy funding: *

Cooking Class Delivery

If you are delivering a cooking or nutrition class, it is important for us to understand more about your classes and what is involved in their delivery.

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Please note that wherever possible, class messaging should align with the <u>Australian Dietary Guidelines</u>.

Please describe what is involved in the delivery of your sessions, including set up and delivery: $\boldsymbol{*}$
Please ensure you describe the set-up, menu/recipes, preparation time etc.
If you are delivering a cooking class, how will your activity be delivered? * O Demonstration O Group activity (shared cooking) O Hands-on class (each participant cooks their own meal)
Please upload a sample menu (optional):
Attach a file:
This will assist in providing us with a better understanding of your activity.
Qualifications
Are you delivering this activity as an Allied Health Professional? * O Yes O No
What experience/qualifications do you have to deliver this activity? *
Please attach a copy of your relevant qualifications for this activity (if relevant) Attach a file:
How does your qualification as an Allied Health Professional assist in the facilitation of this activity? *
Please upload a copy of your allied health qualifications: * Attach a file:
Activity Location

Form Preview

The Active & Healthy program is a Logan City Council funded program. The program gives preference to the use of our <u>parks</u> and community facilities. Activities delivered in a <u>Council Community Centre</u> or community facility may be eligible to have venue hire costs reimbursed if a <u>Council park</u> is not a suitable option for activity delivery. **It is important to note that no venue hire will be paid for activities delivered in your place of business.**

Activities must be delivered within the City of Logan. A map of Logan City can be found here.

Locations may be negotiated with you to ensure an even spread of activities across the City. The more flexible you are with activity locations, the better.

Activity delivery locations and any associated venue hire costs will be negotiated with the Community Programming Officer. If you are requesting venue hire, you may be required to provide proof of venue hire costs if your application progresses.

Please note, it is solely your responsibility to make all relevant bookings in local parks and venues, should you be successful and this will be communicated to you on successful application.

Do you have a park, commun O Yes O No	ity centre, or venue in mind	d to deliver this activity? *
What is the name of the park/venue? *		
What is the address of the park/venue? *	Address Address Line 1, Suburb/Town, Strequired.	rate/Province, and Postcode are
Have you checked if this park/venue is available and suitable for your proposed activity? *	O Yes You will be responsible for all as venue including payment and be successful.	○ No pects of organising this location/ pokings, if your activity is
Is venue hire applicable? (Please don't include pool hire here) *	O Yes Please note: there are no venue delivery of an activity at a Counc	
Are there pool hire costs to deliver this activity? *	○ Yes	○ No
Would you be willing to delive please select all that apply: * □ Yes, I can deliver this activity □ Yes, I can deliver this activity □ No, the delivery location of the second s	in a Council park in a community centre or faci	

Form Preview

☐ Other:			
What and a st.			
	gan are you willing		Cilverbark Didge
☐ All suburbs in Loga☐ Bahrs Scrub	□ Edens Landing	☐ Loganlea	☐ Silverbark Ridge☐ Slacks Creek
☐ Bannockburn	☐ Flagstone	☐ Lyons☐ Maclean (North &	☐ Springwood
	□ Tiagstoffe	South)	□ Springwood
□ Beenleigh	☐ Flinders Lakes	□ Marsden	☐ Stockleigh
☐ Belivah	☐ Forestdale	☐ Meadowbrook	☐ Tamborine
□ Berrinba	☐ Glenlogan	☐ Monarch Glen	☐ Tanah Merah
□ Bethania	☐ Greenbank	☐ Mount Warren Park	
□ Boronia Heights	☐ Heritage Park	☐ Mundoolun	□ Undullah
☐ Browns Plains	☐ Hillcrest	☐ Munruben	□ Veresdale
☐ Buccan	☐ Holmview	□ New Beith	□ Veresdale Scrub
□ Carbrook	□ Jimboomba	□ Park Ridge	☐ Waterford
☐ Cedar Creek	☐ Kagaru	☐ Park Ridge South	☐ Waterford West
☐ Cedar Grove	☐ Kairabah	☐ Priestdale	☐ Windaroo
☐ Cedar Vale	☐ Kingston	☐ Regents Park	□ Wolffdene
☐ Chambers Flat☐ Cornubia	☐ Logan Central	☐ Riverbend☐ Rochedale South	☐ Woodhill
☐ Crestmead	□ Logan Reserve□ Logan Village	☐ Shailer Park	☐ Woodridge☐ Yarrabilba
☐ Daisy Hill	□ Logan village □ Loganholme	□ Shaller Park	
□ Daisy Hill	□ Logarinoinie		
Maria 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		our activity, please spe	ecity the following:
	ctivity in a Council par		
\square I can deliver this a \square Other:	ectivity in a community	centre or facility	
□ Other.			
Do you have any sp	ecific venue/locatio	n requirements for the	e delivery of your
activity?		-	

Activity Costs

Participant Fees

A small fee can be charged to participants at each activity. These participant fees are collected and retained by you, as the provider. If you'd prefer not to accept money from participants the activity can be listed as 'free'.

Please consider the benefits to the community of providing a free or low-cost class and choose the smallest participant fee possible to help reduce barriers to participation.

It is important to note, \$5 per person is the maximum amount that can be charged to participants.

Form Preview

What will the cost be for participants to attend your activity? * Free (no cost) \$1 \$2 \$3 \$4 \$5
Please explain why the activity costs differ *
Service Provider Funding
Service provider funding of up to \$60 per hour is available for activities delivered in the Active & Healthy program. More detailed information about the <u>program funding</u> , including <u>FAQ's</u> , can be found here.
Value for money is an important consideration when programming Active and Healthy activities. Please consider the potential funds obtained by collecting participant fees for your activity, and what hourly service provider rate you require to deliver your activity.
Please be advised that the provider fee paid is reflective of the activity delivery time. For example, you may opt to be paid \$40/hour, but only deliver a 30 minute activity. You would therefore receive a \$20 service provider fee for the 30 minute activity.
What hourly service provider rate would you need to be reimbursed in order to successfully deliver your activity: * \$20/hour
Please provide a justification for the rate you have requested:
Ensure you consider value for money and the funds collected from participant fees when deciding an hourly service provider rate.
Do you require payment of the Allied Health subsidy (an additional \$10/hr for your activity in addition to your service provider fee) in order to deliver your activity? * O Yes No

Cooking Class - Cost Breakdown

Form Preview

To enable the delivery of cooking workshops, additional funding may be provided for consumables associated with your cooking class delivery. Items that may be funded include cooking ingredients, pantry essentials and consumable items including things such as paper towel and alfoil.

Please provide a detailed cost breakdown of any expenses you are requesting to be funded. Please ensure this cost breakdown is for one cooking class session. **Please do not include in-kind expenses in this cost breakdown.**

Please note, you may be required to show proof of consumable costs if your application progresses.

Expenses	<u> </u>
	\$
	\$
	\$
	\$
	\$
	\$
_	\$
	\$

Venue Hire Costs

What is the hourly rate to hire the venue?

Must be a dollar amount.

Please be aware that you may be required to provide a quote for venue hire costs if your application is successful.

Pool Hire - Cost Breakdown

To enable the delivery of activities requiring the use of a pool, additional funding may be provided to cover pool hire costs.

Please provide a detailed cost breakdown of any expenses you are requesting to be funded. Please ensure this cost breakdown is reflective of the costs for one activity session (e.g. 1 hour class). Please do not include in-kind expenses in this cost breakdown.

Please note, you may be required to show proof of pool hire costs if your application progresses.

Expenses	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Form Preview

Access and Inclusion

Logan City Council are committed to ensuring that people of all abilities and backgrounds are able to fulfil their potential in the City of Logan.

Providers are expected to ensure activities are accessible and inclusive wherever possible.

How will you ensure your activity is accessible and inclusive of the wider Logan community? *
Word count:
This includes accessible classes for those with disability (visible and non-visible), and inclusive of those from diverse cultural backgrounds and our First Nations People.
Booking Information
Activity contact information will be displayed to the general public for successful providers in the Active & Healthy booklet and as part of the wider marketing campaign. The information provided will consist of:
 trading name contact number email address
booking webpage link (if relevant)
It is recommended you provide both a phone number and email address, however, if you would only like to provide one form of contact, please specify this below.
This contact information will be provided for all activities, despite whether or not bookings are required.
If bookings are required, please indicate below so we can ensure this is specified with your activity details.
Are bookings required for your activity? * O Yes
 No If bookings are not required, it is assumed that participants can show up on the day and partake in the activity
Please provide the email address for general public information and bookings:
Must be an email address.
Please provide the phone number for general public information and bookings:
Must be an Australian phone number.

If participants are able to book via a website, please provide a link:

Must be a URL.
Are participants required to bring anything to the activity
Activity Promotion
If successful, we will promote your activity in our Active & Healthy wider marketing campaign.
However, as the provider, you are ultimately responsible for the pyour individual activity/s. Activities which consistently have low of three month period may be removed from the program.
What steps will you take to promote your activity to ensur
Other Activity Information
If there is any information about your activity that hasn't please outline here:
Would you like to apply for another activity? * ○ Yes ○ No
Proposed Activity Information - Activity 4
* indicates a required field
Activity Outline
What is the name of your activity? *
Note: Activity name may be changed if successful.
Please describe your activity: *

Word count: Must be at least 20 words.	
Would you describe this activit expectant mothers or those with the control of th	y as gentle/low intensity - suitable for seniors th injury?
What are the benefits of this a	ctivity for Logan residents? *
Word count: Must be at least 20 words. Why is this activity needed in Logan?	
Which category does this activ Fitness Health and wellbeing Sport, recreation and outdoors Stretch and move Activities may be suitable for multiple reflective of this activity.	ity best align with? * categories, however, please choose which category is mo
Is this activity a cooking class? O Yes O No	
Activity Delivery	
What format is this activity del ○ In person	ivered in? * Online
Is this activity for a particular a O Yes E.g. children, over 50's, youth (12-17 y	O No (all ages)
Please specify what age group this activity is for? *	
Is there a minimum or maximum age that can attend?	

	E.g. participants may need to be a minimum of 12 years of age to take part safely.
What is the maximum number of participants that can attend each session? *	Must be a number. Please keep in mind venue capacity and safe ratio of participant to facilitator.
How long will this activity run per session? *	The length of time your activity will take to be delivered e.g. 1 hour.
What is your preferred time of day to deliver this activity? *	Please indicate an idea of time e.g. 9am or if flexible: mid-morning.
Would you be able to deliver this activity outside of standard business hours? *	 ☐ Yes, before 9am ☐ Yes, after 5pm ☐ Available on weekends ☐ No, unable to deliver outside of business hours ☐ Other:
	Please select all that apply.
How often will this activity b	e delivered? *
E.g. Is your activity a one-off cookin Thursday?	g workshop or a weekly bootcamp activity that occurs every
	d you be able to deliver this activity? * Wednesdays □ Thursdays □ Fridays □ Saturdays □
Will this activity be delivered	d during the school holidays? *
O Yes Providers are able to decide if their	No activity will continue to be delivered during school holidays.
What date/s will this activity	be delivered? *
Please outline specific activity date/	s between 1 July 2023 and 30 June 2024.
Please specify: *	

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Qualifications

Please outline when your activity would be delivered.
Is this activity already being delivered in the community? * ○ Yes ○ No
Is the activity already being delivered happening at the same day, time and location as requested above in your application? * O Yes No
Does the existing activity currently receive funding for delivery? * ○ Yes ○ No
Please provide more information as to why this existing activity requires Active & Healthy funding: *
Cooking Class Delivery
If you are delivering a cooking or nutrition class, it is important for us to understand more about your classes and what is involved in their delivery. Please note that cooking class messaging should align with the <u>Australian Dietary Guidelines</u> .
Please describe what is involved in the delivery of your sessions, including set up and delivery: *
Please ensure you describe the set-up, menu/recipes, preparation time etc.
If you are delivering a cooking class, how will your activity be delivered? * O Demonstration Group activity (shared cooking) Hands-on class (each participant cooks their own meal)
Please upload a sample menu (optional): Attach a file:
This will assist in providing us with a better understanding of your activity.

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Are you delivering this activity as an Allied Health Professional? * O Yes No
What experience or qualifications do you have to deliver this activity? *
Please attach a copy of your relevant qualifications for this activity (if relevant) Attach a file:
How does your qualification as an Allied Health Professional assist in the facilitation of this activity? *
Please upload a copy of your allied health qualifications: * Attach a file:
Activity Location
The Active & Healthy program is a Logan City Council funded program. The program gives preference to the use of our <u>parks</u> and community facilities. Activities delivered in a <u>Council Community Centre</u> or community facility may be eligible to have venue hire costs reimbursed if a <u>Council park</u> is not a suitable option for activity delivery. It is important to note that no venue hire will be paid for activities delivered in your place of business.
Activities must be delivered within the City of Logan. A map of Logan City can be found <u>here</u> .
Locations may be negotiated with you to ensure an even spread of activities across the City. The more flexible you are with activity locations, the better.
Activity delivery locations and any associated venue hire costs will be negotiated with the Community Programming Officer. If you are requesting venue hire, you may be required to provide proof of venue hire costs if your application progresses.
Please note, it is solely your responsibility to make all relevant bookings in local parks and venues, should you be successful and this will be communicated to you on successful application.
Do you have a park, community centre, or venue in mind to deliver this activity? * ○ Yes ○ No

What is the name of park/venue? *	the					
What is the address of the park/venue? *		Address				
		Address Line required.	1, S	Suburb/Town, State/Pr	ovin	nce, and Postcode are
Have you checked if park/venue is availa and suitable for you proposed activity? *	ble r			No	of o	rganising this location/ your activity is
Is venue hire applica (Please don't include pool hire here) *				O Note are no venue hire contivity at a Council park	osts	associated with
Are there pool hire of to deliver this activi		○ Yes		○ No)	
Would you be willing please select all tha please select all tha Yes, I can deliver the Yes, I can deliver the No, the delivery location Other:	t apply: * his activity his activity	in a Council in a commu	par nity	k centre or facility		
What suburbs of Log ☐ All suburbs in Logar ☐ Bahrs Scrub ☐ Bannockburn		y _anding		ervice? Loganlea Lyons Maclean (North &		Silverbark Ridge Slacks Creek Springwood
 □ Beenleigh □ Belivah □ Berrinba □ Bethania □ Boronia Heights □ Browns Plains □ Buccan □ Carbrook □ Cedar Creek □ Cedar Grove □ Cedar Vale □ Chambers Flat □ Cornubia □ Crestmead □ Daisy Hill 	☐ Flinders ☐ Foresto ☐ Glenlog ☐ Greenb ☐ Heritag ☐ Hillcres ☐ Holmvi ☐ Jimboo ☐ Kagaru ☐ Kairaba ☐ Kingsto ☐ Logan (s Lakes lale gan eank le Park et ew mba on Central Reserve Village		uth) Marsden Meadowbrook Monarch Glen Mount Warren Park Mundoolun Munruben New Beith Park Ridge Park Ridge South Priestdale Regents Park Riverbend Rochedale South Shailer Park		Stockleigh Tamborine Tanah Merah Underwood Undullah Veresdale Veresdale Scrub Waterford Waterford West

Form Preview

When looking at location options for your activity, please specify the following: * □ I can deliver this activity in a Council park
☐ I can deliver this activity in a community centre or facility ☐ Other:
other.
Do you have any specific venue/location requirements for the delivery of your activity?
Activity Costs
Participant Fees
A small fee can be charged to participants at each activity. These participant fees are collected and retained by you, as the provider. If you'd prefer not to accept money from participants the activity can be listed as 'free'.
Please consider the benefits to the community of providing a free or low-cost class and choose the smallest participant fee possible to help reduce barriers to participation.
It is important to note, \$5 per person is the maximum amount that can be charged to participants.
What will the cost be for participants to attend your activity? * Free (no cost) \$1 \$2 \$3 \$4 \$5
Please explain why the activity costs differ: *

Service Provider Funding

Service provider funding of up to \$60 per hour is available for activities delivered in the Active & Healthy program. More detailed information about the <u>program funding</u>, including <u>FAQ's</u>, can be found here.

Value for money is an important consideration when programming Active & Healthy activities. Please consider the potential funds obtained by collecting participant fees for your activity, and what hourly service provider rate you require to deliver your activity.

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Please be advised that the provider fee paid is reflective of the activity delivery time. For example, you may opt to be paid \$40/hour, but only deliver a 30 minute activity. You would therefore receive a \$20 service provider fee for the 30 minute activity.

What hourly service provider rate would successfully deliver your activity: * \$20/hour \$30/hour \$40/hour \$50/hour \$60/hour \$60 per hour is the maximum service provider fee a	
Please provide a justification for the rate	you have requested:
Ensure you consider value for money and the funds hourly service provider rate.	collected from participant fees when deciding an
Do you require payment of the Allied Hea your activity in addition to your service p activity? * Yes No	
Cooking Class - Cost Breakdown	
To enable the delivery of cooking workshops, a consumables associated with your cooking classociating ingredients, pantry essentials and contowel and alfoil.	ss delivery. Items that may be funded include
Please provide a detailed cost breakdown of a Please ensure this cost breakdown is for one c in-kind expenses in this cost breakdown.	
Please note, you may be required to show progresses.	of of consumable costs if your application
Expenses	\$
	\$
	\$ \$
	\$
	\$
	\$

Venue Hire Costs

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WI	nat	is '	the	hourly	rate
to	hir	e t	he ۱	venue?	

\$				
Must	be	а	dollar	amount.

Please be aware that you may be required to provide a quote for venue hire costs if your application is successful.

Pool Hire - Cost Breakdown

To enable the delivery of activities requiring the use of a pool, additional funding may be provided to cover pool hire costs.

Please provide a detailed cost breakdown of any expenses you are requesting to be funded. Please ensure this cost breakdown is reflective of the costs for one activity session (e.g. 1 hour class). Please do not include in-kind expenses in this cost breakdown.

Please note, you may be required to show proof of pool hire costs if your application progresses.

Expenses	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Access and Inclusion

Logan City Council are committed to ensuring that people of all abilities and backgrounds are able to fulfil their potential in the City of Logan.

Providers are expected to ensure activities are accessible and inclusive wherever possible.

How will you ensure this activity is accessible and inclusive community? *	of the wider Logan

Word count:

This includes accessible classes for those with disability (visible and non-visible), and inclusive of those from diverse cultural backgrounds and our First Nations People.

Booking Information

Activity contact information will be displayed to the general public for successful providers on the Active & Healthy website, program booklet and as part of the wider marketing campaign. The information provided will consist of:

· trading name

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- contact number
- email address
- booking webpage link (if relevant)

Other Activity Information

It is recommended you provide both a phone number and email address, however, if you would only like to provide one form of contact, please specify this below.

This contact information will be provided for all activities, despite whether or not bookings are required.

If bookings are required, please indicate below so we can ensure this is specified with your activity details.

activity details.
Are bookings required for your activity? * O Yes O No If bookings are not required, it is assumed that participants can show up on the day and partake in the activity
Please provide the email address for general public information and bookings:
Must be an email address.
Please provide the phone number for general public information and bookings:
Must be an Australian phone number.
If participants are able to book via a website, please provide a link:
Must be a URL.
Are participants required to bring anything to the activity? If so, please specify: *
Activity Promotion
If successful, we will promote your activity on our Active & Healthy website, program booklet and as part of our wider marketing campaign.
However, as the provider, you are ultimately responsible for the promotion and success of your individual activity/s. Activities which consistently have low or no attendance after a three month period may be removed from the program.
What steps will you take to promote this activity to ensure success? *

If there is any infor please outline here	mation about your ac :	tivity that hasn't be	en covered above,
Would you like to a ○ Yes ○ No	pply for another activ	rity? *	
Provider Certific	cation		
* indicates a required	field		
 \$20 million publi accredited first ai copies of all facili a copy of the risk a copy of your CC copies of relevant Providers must ensure activity and certification		s ired by Blue Card Serv our activity ry Approved Plan activity (if required) nce are maintained for	
	uploaded to your. cation is required with nation to Council prev		ven if you have
Public Liability In	surance		
All providers are requi	ired to hold a minimum	\$20 million public liabi	lity insurance.
Please attach a copy of your organisation's public liability insurance (Certificate of Currency)	Certificate of Currency - expiry date	Policy Number	Is your insurance for a minimum of \$20 million?
	This will be the end date of your period of insurance (listed on your Certificate of Currency) Must be a date.		

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			O N	0
First Aid and C	CPR Certificatio	n		
	Ithy providers are i current first aid an			in attendance at
	note that first aid ce ates must be refres			
Please complete certificate:	the below table	and click 'Add M	lore' for each add	ditional
Name	Certificate type	Date of Issue	Please check and confirm that the certification is current	Please upload copies of your certification
		The date the certification was issued will be listed on certificate. Must be a date.	CPR expires 12 months after date of issue. First aid expires 3 years after date of issue.	
First Last Name Name	☐ Provide First Aid ☐ Provide Cardiopulmonary		Yes, certification is currentNo, certification is out of data	
You need to detern Children and Youn s require a Blue Ca • www.bluecard • www.bluecard	g People Blue Card ard, please see: d.qld.gov.au/emplo d.qld.gov.au/volunt tor/s required to	activity facilitator, or exemption care byees/doineedablue eers/doineedablue	d. To find out whet ecard.html (paid w card.html (volunte	ers)
If no. please exp	olain why your fac	cilitator/s are no	t required to hol	d a blue card: *

Please attach a copy of the blue card certification for each person delivering the activity, or proof of exemption.

To add more than one file, please click 'Add More'.

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Blue Card/Exemption upload * Attach a file:	
If you are exempt from having a blue card, please upload proof of exemption from Blue Card Services. Documents can be uploaded as a single file or multiple files.	
Risk Management Plan	
You are required to have a risk management plan for your activity.	
You can use this <u>risk management plan template</u> to assist in the creation of a risk management plan for your activity. You can also use your own template if you'd prefer.	
Your risk management plan should outline all possible risks associated with your activity. This may include risks to participants (e.g. burns, slipping etc), risks to activity delivery (e.g. availability of facilitators, venue, weather etc) and any other risks unique to your activity.	
Please provide as much information as possible in your plan.	
Please attach a copy of the risk management plan for your activity. * Attach a file:	
Declaration	
I can confirm that the certification provided above is valid and agree to provide Council with certification as required and as outlined in contract.	
*	
YesNo	
Declaration	
* indicates a required field	
Do you have any additional comments you'd like to include in regards to your application?	
Activities and COVID 10	

Activities and COVID-19

It is important you take into consideration the health advice from the Queensland Government regarding COVID-19 and the impact this may have on the delivery of any programmed activity/s.

The responsibility lies with you, as a business and service provider, to keep up-to-date and in line with the latest requirements from the Queensland Government which may impact

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the delivery of your classes. Logan City Council does not have the power and will not be enforcing any guidelines, nor will Logan City Council be making any suggestions as to what you can and can't do.

In regards to delivering your activity, have you taken any relevant health advice into consideration? *

- Yes
- O No

Willingness to work with Local Government

If successful as an Active & Healthy program service provider, you will be required to:

- sign a contract with Council
- complete a provider induction
- take bookings for your activity (if required) and respond to general enquiries
- ensure that every participant completes a registration form each block, even if they have completed one before
- complete end-of-block reporting, providing all registration forms to Council and an invoice by the due date stated in your contract
- accept Council's payment terms and conditions (payment will be made 14 days from the date of invoice, subject to reporting completion)
- wear an Active & Healthy t-shirt and display a corflute sign at every activity (these will be provided to you)
- update Council with relevant certification and qualifications as it becomes out of date
- book your venue and arrange payment for the hire costs, if required (Council will reimburse you for this once your activities are delivered). If you want to run your activity in a local park, you'll need to make a booking with Council's parks department at logan.qld.gov.au/parks.
- assist Council in promoting your activity. All promotional material must include Active & Healthy wording and Council logos.

Privacy Collection Notice:

Logan City Council is collecting your personal information for the purposes of assessing your application. Your personal information may be accessed by employees, contractors, and/or Councillors of Logan City Council, and other Government agencies. Your personal information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where Logan City Council is required or authorised by law to do so. For more information on Council's Privacy Policy, see logan.qld.gov.au/about-council/contact-us/privacy

Transfer of personal information overseas

Logan City Council is utilising software that is located overseas to create this online form. You are agreeing that your personal information may be transferred and/or stored in an overseas facility.

I am happy with the above and am willing to work with Council *

- Agree
- Do not agree

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*	
First Name	Last Name
Date *	

Thank you for taking the time to put together an application. Once submitted, you will receive a confirmation email. If you do not receive this email, please ensure you have properly submitted your application or check your junk email folder.

If you do not receive a confirmation of submission email then you should presume that your application has not been submitted.