

Event Support Grant - Application Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the [program guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact the **Events and Economic Development Officer** on **03 5036 2333** or **events@swanhill.vic.gov.au**.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines.
- you are able to demonstrate alignment between your project and the aims of this program.
- your organisation has a formal legal structure or can be auspiced by a community group/organisation that fulfils this requirement (i.e. incorporated or auspiced by an incorporated body) for the purposes of this application.
- your organisation is located within and/or supplies services to the municipality.
- your organisation is able to demonstrate financial viability.
- your organisation, if previously funded by Council, has satisfactorily fulfilled previous requirements regarding financial acquittal and reporting.
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- your organisation is not a government agency (including schools), has received funding from another area of Council, have a political, religious objectives or promote gambling, alcohol or drugs (including tobacco).
- your organisation has not already received funds from Council for this event/project.

You must confirm that all statements above are true and correct. *

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Yes

What happens with your information?

Information requested on this form is required by Swan Hill Rural City Council in order to process your application. We will handle any personal information you provide on this form in accordance with the Privacy and Data Protection Act 2014. We record this information on our customer databases and make it available to relevant Council staff in line with our [Privacy Statement](#).

You can access your personal information by [contacting our Privacy Officer](#).

Applicant Details

* indicates a required field

Applicant Organisation *

Organisation Name

What type of organisation are you? *

- Community group
 Individual
 Commercial enterprise

Please choose the option that best applies to you.

What is your organisation's legal structure? *

- Incorporated association
 Unincorporated association
 Business
 Other

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you can not apply for this grant.

Does your organisation have an ABN? *

- Yes No

ABN and/or Incorporation Number *

Is your organisation registered for GST? *

- Yes No Unsure

Contact Details

Primary contact *

First Name

Last Name

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This is the person we will correspond with about this grant.

Position held in organisation *

e.g., President, Secretary, etc

Phone number *

Email address *

This is the address we will use to correspond with you about this grant.

Address *

Auspice Information

* indicates a required field

Auspice Organisation Details

Organisation name *

Organisation Name

Primary contact person *

First Name

Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g., President, Secretary

Phone number *

Email address *

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

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The letter must be signed by an authorised person (e.g., President, Secretary, Board Chair etc) and must include: name, position, signature and date.

Please provide the ABN and / or Incorporation Number *

Is the auspice organisation registered for GST? *

Yes

No

Unsure

Event Details

* indicates a required field

Name of Event *

Event Location *

Event Start Date *

Event End Date *

Please provide a short description of your event. *

Word count:

Must be no more than 300 words.

Include a brief summary of the event. Be descriptive, but succinct.

What is the expected number of attendees

<100

100 - 500

500 - 1,000

1,000 - 2,000

2,000+

What is the expected % of participants to be from outside the region? *

<25%

25-50%

50-75%

>75%

How many nights on average will each visitor stay? *

Day trip

1

2

3

4

5+

Select the target market for this event *

Young Families 18-35 year olds Midlife Couples Older Couples

Other

How will you capture and record the above data for your proposed event? *

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Word count:

List the marketing and promotional activities you have planned. *

Word count:

Eg. website, social media advertising, photography, videographer, magazine advertising, graphic design

Detail the social and economic benefits that this event provides to the region. *

Word count:

How is the event going to attract visitors from outside the region and how is this going to benefit local businesses? Is this an all accessible event?

Does this event have the ability to grow? *

Word count:

Will the event continue to take place in the future? Will the event continue to grow to incorporate more activities to seek greater participation?

Have you received funding through Council's Event Support Fund previously? *

Yes

No

Not sure

Event Support

* indicates a required field

What type of support are you seeking?

As part of the Event Support Fund, Council offers Cash Sponsorship or Logistical (in-kind) support.

Logistical support is the use of Council owned assets, facilities or services as part of the grant program.

What type of support are you seeking? *

Cash Support Logistical Support

If you are seeking both Cash and Logistical Support, please select both options.

Logistical Support

What type of logistical support are you seeking? *

Event Permit fees

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- Venue Hire (Council owned venues)
- Traffic Management Plan
- Road signs - set up and pack down
- Cleaning services (Council owned venues)
- POPE Permit fees
- Other:

Cash Support Requested *

\$

What is the total financial support you are requesting from Council in this application?

What do you intend to use this funding for? *

Word count:

New Section

If funding request is successful, outline the ways in which your organisation will recognise Councils contribution to the event. *

- Media Articles
- Social Media
- Organisation Website
- Signage
- Newsletters

Other

Event Budget

Budget (GST exclusive)

Please outline your event budget in the tables below and assign an income/expenditure type using the drop down menu for each item. Include details of other funding that you have applied for, whether it has been confirmed or not, sponsorship, projected ticket sales, etc. All amounts should be GST exclusive. Use the 'Notes' column for any additional information you think we should be aware of.

For expense items over \$500, quotes may need to be provided.

Income Description	Income Type	Confirmed Funding?	Income Amount	Notes
			\$	
			\$	
			\$	
e.g. Council grant, sponsorship, etc				

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Expenditure Description	Expenditure Type	Expenditure Amount	Notes
		\$	
		\$	
		\$	
e.g. Venue hire, marquee hire, printing programs, etc			

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Comments

Additional comments to support budget

Declaration and Feedback

* indicates a required field

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

Yes

Name of authorised person *

First Name

Last Name

Position *

Position held in applicant organisation (e.g. Secretary, Treasurer)

Phone number *

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Email *

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.