Quick Response Event 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.

This section of the application form 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, 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 does not owe any reports or money to Swan Hill Rural City Council as a result of previous funding or grants.
- 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. *

☐ Yes

What happens with your information?

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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
- ○ Other

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

This is the best person to contact about this grant.

Position held in organisation *

e.g., President, Secretary, etc

Phone number *

Email 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:

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

What is the expected number of attendees?
○ <100 ○ 100 - 500 ○ 500 - 1000 ○ 1000+

Select the target market for this event *
☐ Young Families ☐ 18-35 year olds ☐ Midlife Couples ☐ Older Couples
Other

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?

Have you received funding through Council's Event Support Fund previously? *
○ Yes ○ No ○ Not sure

Event Support

* indicates a required field

Amount Requested

The Quick Response Event Grant provides cash support up to the value of $1,000.

Cash Support Requested *
$
What is the total financial support you are requesting from Council?

Intended Use of Funding

What do you intend to use this funding for? *

Word count:
Must be no more than 200 words.

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

Declaration

* 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

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Name of authorised person *

First Name

Last Name

Position *

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

Phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Email *