Eligibility

* indicates a required field

Before completing this application form, you should have read the <u>Major Event Funding</u> <u>Guidelines</u>.

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

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

If your organisation has received a Major Event Funding grant in 2022 the acquittal must be completed by 24 March 2023 in order for your organisation to be eligible for any further funding. If your funded event had to be cancelled or postponed due to COVID-19 restrictions Council is happy to discuss a variation or extension.

If you have any questions in regards to these eligibility criteria, please contact the Events Coordinator on 5760 2600.

** PLEASE NOTE THAT THE MAXIMUM AMOUNT FOR MAJOR EVENT FUNDING HAS BEEN RAISED TO \$2,000

I confirm that the applicant ...

- has read and understands the program guidelines
- is an incorporated community based and not-for-profit group or organisation
- an unincorporated group sponsored by an incorporated organisation
- is located in (and/or supplies services to) Benalla Rural City
- does not owe any reports or money to **Benalla Rural City Council** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not an individual, individual business, government agency, political or religious group
- Has acquitted previous grant funding provided by Benalla Rural City Council

Please select below: *

Yes
 No
 You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>. To view our privacy statement, go to <u>Benalla Rural City Council Privacy Statement</u>

Applicant
Organisation name * Organisation Name
Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.
Organisation Postal Address * Address
Address Line 1, Suburb/Town, and Postcode are required.
Organisation Email
Must be an email address.
Primary contact person *
Title First Name Last Name
This is the person we will correspond with about this grant
Position held in organisation *
e.g. Manager, Board Member, Fundraising Coordinator
Phone number *
Must be an Australian phone number.
Contact person's email address *
This is the address we will use to correspond with you about this grant.
What is your incorporation number? *
Incorporated Association or Australian Corporation Number.

ABN

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

ACNC Registration

The ABN provided will be used to look up the following information. Click Lookup above to

Must be an ABN.

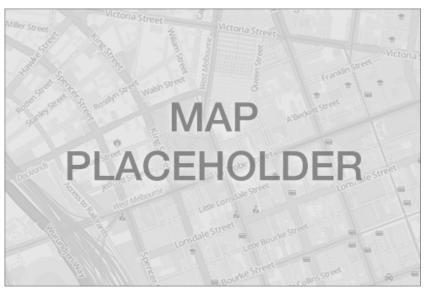
Tax Concessions

Main business location

Event Details

* indicates a required field

Provide a name for your project/program/initiative. Your title should be short but descriptive Event Location Address



Please provide the address where the project is to be carried out or position a pin on the map below.

Anticipated start date	Anticipated end date
If unknown, provide your best guess o	or leave blank If unknown, provide your best guess or leave blan
Provide a brief description of tunique features. *	the event. Also outline the event program and any
what you will do (i.e. the activities you	brief summary of who this project is for (i.e. beneficiaries), u will perform), and what effects you expect to result from your ng Centre's Answers Bank at https://www.fundingcentre.com.au
	ideas about how to frame your response.
Describe the social and econor Rural City. *	mic benefits that your event will bring to Benalla
Word count: Must be no more than 150 words.	
Describe the opportunities for	community participation in the event.

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Event Details (continued)

* indicates a required field Estimated number of participants International **Interstate Intrastate** Local **Total** This number/ amount is calculated. Estimated number of spectators International **Interstate Intrastate** Local Total This number/ amount is calculated. Total participants and spectators * This number/amount is calculated. Estimated number of participants and visitors staying overnight for the event: * Must be a number. If the event has been held before, list the number of spectators who attended the event. * Must be a number. If the event has been held before, list the number of participants involved. * Must be a number. List the schedule of marketing and advertising activities to be carried out. **Date** Marketing or advertising activity

Approvals

Must be a date.

Have you completed or are in the process Event Management Application that deta liability insurance, risk management plan Yes	ils information associated with public
Does your event have a Covidsafe plan? * ○ Yes ○ No	k
Budget	
Total Amount Requested	
Must be a dollar amount and no more than 2000. What is the total financial support you are requesting	ng for this application? (max. \$2000)
Total Event cost	
What is the total budgeted cost (dollars) of your pro	pject?
Intended use of funding	
Budget (GST exclusive	
Provide clear descriptions for each budget iter Examples of income could include 'Major Even 'company X sponsorship'. Examples of expens promotion', 'equipment hire'.	ts Funding', 'sporting club nationals',
'Volunteer labour' is labour provided at no fee per hour. 'In-kind donation' - services or goods	
Please refer to our <u>Preparing Your Budget</u> docubudget.	ument for an example of how to calculate your
Income Description	Income Amount (\$)
Grant funds Cash contribution	\$
Cash Contribution	\$ \$
	\$
Expenditure Description	Expenditure Amount (\$)
materials	\$
	li¢.

	\$	
Budget Totals		
Total Income Amount	Total Expanditure Amount	Incomo Evnondituro
Total Income Amount \$	Total Expenditure Amount \$	Income - Expenditure

Certification and Feedback

* indicates a required field

Certification

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		○ No	
Name of authorised person *	Title Must be a sauthorised	First Name senior staff member volunteer	Last Name , board member or	appropriately
Position *	Position he	eld in applicant organ	nisation (e.g. CEO, ⁻	Treasurer)
Contact phone number *	We may co	n Australian phone no ontact you to verify t licant organisation		is authorised
Contact Email *				
	Must be ar	email address.		
Date *				
	Must be a	date		

Applicant Feedback

	• •	•	efore you review you to provide some fee	
	how you found to Easy		ation process: * O Difficult	Very difficult
How many minutes		t take you to co	mplete this applic	ation?
Please provide	us with your sug		any improvement ou think we need	