

Regional Events Support Form

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this form, you should have read the [Hepburn Shire Events Strategy](#)
Incomplete applications will not be considered.

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

If you have any questions in regards to these eligibility criteria, please contact **Council Officers 5321 6439** .

Confirmation of Eligibility

To be eligible for assessment the event must:

- Read and understand the Event Funding framework
- This form is only available for those applying for Regional Event Support. Those seeking signature/iconic support are required to contact the Events Officer at Council on events@hepburn.vic.gov.au
- Events must be held within the Hepburn Shire
- Be an organisation that is a legal entity with an Australian Business Number (ABN). For example; an incorporated body, co-op trust, or, be auspiced by a suitable group.*
- Have all permits, permissions and approvals to hold the event
- You will need to include quotes on what you intend to spend funding on

* An Auspicing Agent is another organisation that is a legal entity with an ABN. A letter signed by two committee members from the auspice agent confirming they will auspice the application must be provided when submitting this form. Auspicing agents retaining a fee for this service will not be considered.

Please select below: *

Yes No

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

Event Contact Details

* indicates a required field

Contact Details

Organisation Name *

Organisation Name

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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

Primary contact phone number *

Must be an Australian phone number.

If a landline please include Area Code i.e (03)

Primary contact email address *

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

ABN *

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 Business 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

Is your organisation auspiced by another organisation for the purposes of this grant? *

Yes No

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

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Auspice Information

* indicates a required field

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Primary contact person at auspicing organisation *

Title First Name Last Name

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

Position held in organisation *

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's email address *

Must be an email address

ABN of auspicing organisation

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 Business Register | |
|---|----------------------------------|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
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Must be an ABN

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Event Details

* indicates a required field

Event name: *

Provide the event name

Event Description *

Word count:

Must be no more than 500 words.

A snapshot of the overall project and a summary of what the activity is. Describe the opportunity or issues that the Project addresses. Why the Project is important or how the need is demonstrated (plans, letters, minutes, etc).

Event Venue:

Event Date:

Is your event:

- A new event
- An established event

How many people do you expect to attend your event?

Where possible please provide previous attendance

How many people do you expect to be Local attendees?

Must be a number.

How many people do you expect to be Intrastate attendees?

Must be a number.

How many people do you expect to be Interstate attendees?

Must be a number.

What percentage of your attendees will stay overnight?

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Must be a number.

Please provide a brief outline of your event marketing

Word count:

Must be no more than 500 words.

Please provide details of local community group involvement in your event

Word count:

Must be no more than 500 words.

Please describe how your event contributes to making the Hepburn Shire a culturally or artistically vibrant community?

Word count:

Must be no more than 500 words.

What measures are you putting in place to ensure your event is inclusive and accessible to all?

Word count:

Must be no more than 500 words.

What are you doing to support disability access, gender equity, reconciliation, active women and girls?

Budget

* indicates a required field

Total Amount Requested

*

Must be a dollar amount and no more than 5000.

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

Please advise what you will be using the funds for

Please attach quotes where possible at the end of this form

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What in-kind support would you like Council to provide?

Length of agreement you are requesting?

Must be between 1 - 3 years

Please attach a copy of your budget including revenue and expenditure demonstrating financial support beyond Council including, but not limited to State Government, regional and local tourism organisations and sporting, cultural, industry and community organisations.

Attach a file:

Supporting Documents

* indicates a required field

Please upload:

Certificate of Currency *

Attach a file:

A maximum of 1 file may be attached.
This is Evidence of Public Liability Insurance cover for your Project.

Auspicing Agent Letter

Attach a file:

A letter signed by two Committee members for the Auspice Agent confirming they will Auspice this proposal.

Quotes *

Attach a file:

A maximum of 5 files may be attached.

Supporting Information

Attach a file:

A maximum of 5 files may be attached.

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This could be a letter of support or any documentation to support your request

Permissions

Attach a file:

A maximum of 5 files may be attached.
Land use, permits etc

Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the event (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 form are true and correct and I understand that if the event is approved for this support, we will be required to accept the terms and conditions outlined in the letter of approval.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

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

Contact phone number *

Must be an Australian phone number.

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

Contact Email *

Must be an email address.

Date *

Must be a date