#### Eligibility

\* indicates a required field

Applicants: please note

Before completing this form, please ensure you have read the <u>Hepburn Shire Events</u> <u>Strategy</u> and consulted with the Grants Specialist (grants@hepburn.vic.gov.au) or the Events Officer (events@hepburn.vic.gov.au).

The <u>program guidelines</u> are available by clicking <u>here</u> and should be read and understood before beginning any application.

Local Community Events are clearly defined within the Hepburn Shire Events Strategy and only those applications that meet this definition will be considered.

This section of the form is designed to help applicants understand the eligibility requirements for a local event to receive Local Community Events Support. It's crucial that you complete these questions before any others to ensure that your event/program is eligible for support.

Please note that incomplete applications and applications that do not include supporting evidence such as quotations and permits will not be considered for assessment.

If you have any questions about the eligibility criteria, please contact the Grants team on (03) 5321 6439 or email: grants@hepburn.vic.gov.au.

#### Confirmation of Eligibility

#### To be eligible for assessment the applicant must:

- Have read and understood the Event Funding framework.
- Be an applicant suitable for Local Community Event Support as defined within the Hepburn Shire Events Strategy. Those seeking regional or signature/iconic support are required to contact the Events Officer at Council on events@hepburn.vic.gov.au
- Hold an event within the boundaries of Hepburn Shire Council.
- Represent 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.
- Include quotations for items you intend to spend funding on.
- Have discussed the event with either the Community Strengthening Officer or Events Officer.
- \* 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 the application is submitted. Auspicing agents retaining a fee for this service will not be considered.

Please enter your responses below:

I have read the Hepburn Shire Council E Event Funding Framework. *	vents Strategy and I am familiar with the
○ Yes	○ No
This event will be held within the bound  ○ Yes	laries of Hepburn Shire Council. *  O No
I represent an organisation that is a leg suitable entity. *  ○ Yes	al entity with an ABN or is auspiced by a
I have obtained all permits, permissions  • Yes	-
	ucts I intend to purchase with this grant
O Yes You must confirm that all statements above are tr	O No rue and correct.
I have discussed my application with an O Yes You must confirm that all statements above are tr	○ No
Please indicate which Council Officer yo below: *	u have discussed this application with
Event Contact Details	
* indicates a required field	
Contact Details	
Organisation Name * Organisation Name	
Primary contact person *  Title First Name Last Name  This is the person we will correspond with about t	his request
Position held in organisation *	
e.g. Manager, Board Member, Fundraising Coordin	nator
Primary contact phone number *	

Must be an	Australian phone n	umber.		
Primary o	contact email a	ddress *		
This is the a	address we will use	to correspond with	you about this request.	
ABN *				
ADN "				
The ABN n	provided will be us	sed to look up the	following information.	Click Lookup above to
		ed the ABN correct		
Information	n from the Australia	an Business Register		
ABN				
Entity nam	ne			
ABN status	5			
Entity type	2			
Goods & S	ervices Tax (GST)			
DGR Endor	rsed			
ATO Charit	ty Type	More informa	<u>ation</u>	
ACNC Regi	istration			
Tax Conce	ssions			
Main busin	ess location			
Must be an	ABN			1
Is your o	rganisation aus	piced by anothe	r organisation for th	ne purposes of this
request?	*		○ No	
O Yes Unincorpora	ated organisations	applying for support	<ul><li>No must be auspiced by an</li></ul>	incorporated organisation
If you do no	ot have an auspice	you should not apply	/ for this support.	
Auspice	e Information	1		
•	s a required field			
	Organisation	Details		
Name of Organisati	auspicing organion Name	nisation *		
Primary 4	contact nerson	at auspicing org	anisation *	
-	First Name	Last Name	amsation ·	

Position held in organisation	on *
e.g. Manager, CEO	
Contact person's primary p	ohone number *
Contact person's email add	dross *
Contact person's eman aut	ness ·
Must be an email address	
ABN of auspicing organisa	tion
The ABN provided will be used check that you have entered to	d to look up the following information. Click Lookup above to
Information from the Australian I	
ABN	Submeda Neglate.
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	
Event Details	
* indicates a required field	
Event name: *	
Provide the event name	
Event Description *	

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

Word count:

Must be no more than 500 words.

(plans, letters, minutes, etc).	
Event Venue:	
Event Date:	
Is your event:      A new event      An established event	
All established event	
How many people do you expect to attend your event?	
Where possible please provide previous attendance	
Does your event attract community members from the whole of Hepburn S  ○ Yes  ○ No	Shire?
Diance provide details to support your response	
Please provide details to support your response	
Does/will your event attract any visitors from outside the Region?  ○ Yes  ○ No	
If yes, how many visitors from outside the Region?	
Please refer to previous attendance data where possible.	
Please provide a brief outline of your event marketing strategy	
Word count: Must be no more than 500 words.	
Please provide details of local community group involvement in your even	t
Word count: Must be no more than 500 words.	

Which Tourism Brand Pillar f with?  ☐ Food & Drink ☐ Escape & Rejuvenate ☐ History & Culture ☐ Art & Artisans ☐ None of the above	rom the Events Strategy does you event best align
Please explain how your eve selected above.	nt aligns with the chosen tourism brand pillar
Please describe how your ev culturally or artistically vibra	ent contributes to making the Hepburn Shire a ant community?
Word count: Must be no more than 500 words.	
What measures are you putt accessible to all?	ing in place to ensure your event is inclusive and
Word count:  Must be no more than 500 words.  What are you doing to support disal	bility 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 2500. What is the total financial support you are requesting in this application?
Please advise what you will be using the funds for	
Do you wish for council to consider providing in-kind support for your event?	Please attach quotes where possible at the end of this form  O Yes O No In-kind support can be provided irrespective of the outcome of this grant application.

What in-kind support would you like Council to provide?	
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. This could be a letter of support or any other documentation to

support the request.

Attach a file:

**Permissions** 

	A maximu Land use,	m of 5 files may be a permits	ttached.	
Other Documentation	Attach a	file:		
	Include an photograp	y extra information h hs etc.	nere i.e. plans, time	tables,
Certification				
* indicates a required field				
Certification				
This section must be completed the applicant organisation (may lapplication form).				
I certify that to the best of mare true and correct and I underequest, we will be required the letter of approval.	derstand	that if the suppo	ort is approved	for this
are true and correct and I und request, we will be required t	derstand	that if the suppo	ort is approved	for this
are true and correct and I und request, we will be required to letter of approval.  I agree *  Name of authorised	derstand to accept	that if the suppo	ort is approved on ditions outlin	for this
are true and correct and I und request, we will be required to letter of approval.  I agree *	o Yes  Title  Must be a	that if the suppo the terms and co	ort is approved on ditions outling on No  Last Name	for this ed in the
are true and correct and I und request, we will be required to letter of approval.  I agree *  Name of authorised	o Yes  Title  Must be a	that if the support the terms and continued the terms	ort is approved on ditions outling on No  Last Name	for this ed in the
are true and correct and I und request, we will be required to letter of approval.  I agree *  Name of authorised person *	O Yes  Title  Must be a authorised	that if the support the terms and continued the terms	ort is approved on ditions outling on No  Last Name  board member or	for this ed in the appropriately
are true and correct and I und request, we will be required to letter of approval.  I agree *  Name of authorised person *	O Yes  Title  Must be a authorised	First Name senior staff member, volunteer	ort is approved on ditions outling on No  Last Name  board member or	for this ed in the appropriately
are true and correct and I und request, we will be required to letter of approval.  I agree *  Name of authorised person *  Position *	O Yes  Title  Must be a authorised  Must be al We may co	First Name senior staff member, volunteer	ort is approved on on ditions outling  No  Last Name  board member or or on the control of the c	for this ed in the appropriately Freasurer)
are true and correct and I und request, we will be required to letter of approval.  I agree *  Name of authorised person *  Position *	O Yes  Title  Must be a authorised  Must be al We may co	First Name  Senior staff member, I volunteer  and Australian phone no ontact you to verify the staff of the s	ort is approved on on ditions outling  No  Last Name  board member or or on the control of the c	for this ed in the appropriately Freasurer)
are true and correct and I und request, we will be required to letter of approval.  I agree *  Name of authorised person *  Position *  Contact phone number *	O Yes  Title  Must be a authorised  Position he We may could by the app	First Name  Senior staff member, I volunteer  and Australian phone no ontact you to verify the staff of the s	ort is approved on on ditions outling  No  Last Name  board member or or on the control of the c	for this ed in the appropriately Freasurer)

Must be a date