

# 2024-25 Event Grant Application

## Form Preview

### 2024/25 Event Grant Application

\* indicates a required field

#### Before you begin

Please read the Event Grant Guidelines before completing this application form. Click **HERE** to access the guidelines.

You can also access a Frequently Asked Questions document **HERE**.

The Event Grants Program is informed by the [Strathbogie Shire Council Plan 2021-25](#)

Before you apply for an Event Grant you will need to submit an Event Application with a completed Risk Assessment and Waste Wise Plan. You can find the Event Application form [here](#).

All Council in-kind contributions e.g. equipment or venue hire, must be approved by the Events Team prior to submitting your application. You can find the request forms [here](#)

Before you start you will need:

- quotes for expenditure
- a copy of your Public Liability insurance Certificate of Currency

***When using the supplied templates in this application you must save the file to your own device and then upload it using the 'choose files' option.***

#### NEED HELP?

To access help in completing this application go to the [SmartyGrants Guide for Applicants](#)

#### Before completing the application

Before submitting your application, you must contact a member of the Events Team on 1800 065 993 or by e-mail [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au) to discuss your event.

**Which Council Officer have you spoken to about your application? \***

- Tiffany Nicholas
- Libby Webster
- Other Council Officer
- Have not spoken to a Council Officer

**Council Officer Name**

#### Not Eligible

Your application is not eligible for submission. Please contact Tiffany Nicholas or Libby Webster to discuss your project. Please call 1800 065 993 or e-mail [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au)

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### Applicant Eligibility

***This section of the application form is designed to help you, and us, understand if you are eligible for this grant.***

The applicant has read the Guidelines, meets the eligibility criteria as stated in the Guidelines, and is incorporated or auspiced by an incorporated association with:

- an ABN
- a bank account
- \$20million Public Liability insurance

The event for this grant application meets the eligibility criteria for funding as stated in the Guidelines.

**I confirm that all statements above are true and correct. \***

- Yes  
 No

### Not Eligible

Your application is not eligible for submission. Please contact Tiffany Nicholas or Libby Webster to discuss your project. Please call 1800 065 993 or e-mail [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au)

**Have you submitted an Event Application with a completed Risk Assessment and Waste Wise Plan? \***

- Yes  
 No

### Not Eligible

Your application is not eligible for submission. An Event Application with a completed Risk Assessment and Waste Wise Plan must be submitted prior to applying for an Event Grant. Please contact Tiffany Nicholas or Libby Webster to discuss your project. Please call 1800 065 993 or e-mail [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au)

## Applicant Details

\* indicates a required field

**Organisation Name \***

Organisation Name

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### Organisation Primary Address

Address

  

Any, but at least one field is required.

### What is your organisation's legal status? \*

- Incorporated Association  
 Unincorporated Association  
 Other:

### Primary Contact

This person will be the point of contact with Council.

### Contact Person \*

First Name

Last Name

### Position in Organisation

### Phone Number \*

Must be an Australian phone number.

### Email \*

Must be an email address.

### Is this application being auspiced by another organisation? \*

- Yes - complete auspice information  
 No - provide applicant organisation's ABN details below

### Applicant Organisation 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

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

## Auspice Information

\* indicates a required field

### Auspice Organisation \*

Organisation Name

### Auspice Organisation 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.

### Auspice Organisation Primary Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

### Attach a letter of verification from the Auspice Organisation \*

Attach a file:

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### Auspice Organisation Contact \*

First Name

Last Name

### Position in Organisation

### Phone Number \*

Must be an Australian phone number.

### Email \*

Must be an email address.

## Event Information

\* indicates a required field

### Event Name \*

### Start Date \*

Must be a date.

### End Date \*

Must be a date.

### Brief description of the event. \*

Provide a short description (100 words recommended) of your event- what are you going to do?

### Why is the proposed event important? \*

## Event Outcomes

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### What are the expected outcomes of the event? \*

Describe what you want the event to achieve in terms of benefits for participants and the broader community aligning with the objectives of the Event Grants program - bringing people together to connect, collaborate, celebrate, upskill, share resources, and put ideas into action. (200 words recommended)

### Describe how you will make your event as inclusive as possible. \*

Identify what aspects of inclusion you will address e.g. gender, age, accessibility, cost and format, and how you will do that. Click [here](#) for the Make Your Project More Inclusive Guide

## Event Delivery

### What are the steps involved in delivering your event? \*

Briefly list the specific steps that will take place to deliver the event and the estimated time frame (200 words recommended)

### Is the event being held on Council owned or managed land? \*

- Yes
- No

### Please list the land owner/manager permissions or permits you will need before running the event

## Partnership

### Will this event be delivered in partnership or receive funding from another group/organisation? \*

- Yes
- No

### Please list the groups you are partnering with to deliver the event including any other organisations you are receiving funding or donations from.

## Community Support

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**Has your event come from a Community Plan? \***

- Yes
- No

**Name of the Community Plan \***

### Evidence of Community Support

**Please attach evidence to confirm Community support eg. letters of support, survey results**

Attach a file:

Attach a file:

Attach a file:

### Event impact on adjacent landowners and residents

**Low impact:** No temporary infrastructure required. No amplification. No change to traffic conditions and parking. No light pollution being the excessive or inappropriate use of outdoor artificial light. No impact to usual amenity of space.

**Moderate impact:** Temporary infrastructure required. Low-mid noise impact. Moderate additional vehicle traffic to the project area. No impact to usual amenity of space. Temporary light pollution being the excessive or inappropriate use of outdoor artificial light. Some impact to amenity of space.

**High impact:** Moderate to high noise impact. Substantial additional vehicle traffic to the area. Substantial impact to the usual amenity of space. Temporary light pollution being the excessive or inappropriate use of outdoor artificial light.

**How will this event impact adjacent landowners/residents? Please rate and describe the level of impact. \***

- High Impact
- Moderate Impact
- Low Impact

### Event Impact Notification

**I agree to notify adjacent residents of any impacts resulting from the event and provide event contact person details prior to commencement. \***

- Yes
- No

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### Event Budget

\* indicates a required field

You will need to provide a balanced budget for your event which includes all income and expenditure items. Clear budgets help Council to understand what you will be spending money on. Budgets should match the proposal that you have outlined in your grant application.

For support in writing your budget click [HERE](#)

### Council In-kind Contribution

Council can provide in-kind contributions to your event e.g. equipment hire, venue hire, rubbish removal. All requests for Council in-kind contributions must be approved prior to this application. The value of any Council in-kind contributions must be added to the amount of Council grant funds requested and the total amount must not exceed the maximum grant amount.

**Are you requesting Council in-kind contributions? \***

Yes

No

**What is the total Council in-kind contribution?**

\$

Must be a dollar amount.

**Please itemise and value each in-kind item: eg. venue hire, equipment hire etc.**

### Total Grant Funding Requested

Please provide the total amount of grant funding you are requesting from Council **including the value of any in-kind contribution you are requesting from Council.**

**Total Amount of Grant Funding Requested \***

\$

### Budget

Income - list confirmed income e.g. cash, donations, other funding, and the total amount of Council grant funding requested which includes any Council in-kind contribution.

Expenditure - list all items of expenditure and the value of any Council in-kind contribution.

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Income	\$	Expenditure	\$
			Must be a dollar amount.
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### Budget Totals

Applicants must provide a balanced budget

#### INCOME

Total Income Amount

\$

This number/amount is calculated.

#### EXPENDITURE

Total Expenditure Amount

\$

This number/amount is calculated.

#### BALANCE

Income - Expenditure

\$

This number/amount is calculated.

### APPLICANT Contribution

Applicants must provide a contribution to the event budget to the value of \$1 for every \$4 of grant funds requested which can be **cash** or **in-kind**.

#### Cash Contribution \*

\$

Must be a dollar amount.

Enter the total cash contribution you are providing towards the costs of the event.

**In-kind Contributions** - are contributions by volunteers and suppliers in terms of time, goods, or professional services donated to the event.

In-kind contributions can be calculated at: \$80 per hour for skilled labour (e.g. electrician, graphic designer) \$40 per hour for general labour Goods/equipment/materials/hire costs at market value

Item	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

#### Total In-kind Contribution

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\$

This number/amount is calculated.

### Matching Contribution

The applicant contribution must be a minimum of \$1 for every \$4 of grant funds requested.

#### Minimum matching contribution required from applicant

\$

This number/amount is calculated.

#### Total applicant contribution

\$

This number/amount is calculated.

#### Matching contribution position

\$

This number/amount is calculated.

This must be a minimum of zero. If it is negative please review your applicant contributions.

### GST

#### Are you registered for GST? \*

- Yes
- No

#### What is the total amount of GST paid that you will be eligible to claim? \*

\$

Must be a dollar amount.

### Quotes

You must provide quotes for the expenses (excluding Council in-kind contributions) listed in your budget table.

If you require additional uploads, please click on the "Add More" button.

#### Upload quotes

#### Upload quotes

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Capacity

\* indicates a required field

#### Applicant Capacity

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**Now that we know about your event, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. \***

Include in this section information about your strategies for providing the inputs (volunteers time/ expertise, equipment, facilities, in-kind contributions, etc.) and how you will complete this event within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work.

## AGM Minutes and Annual Statement

**Please attach a copy of your organisation or your auspice organisation's most recent AGM minutes. \***

Attach a file:

**Please attach a copy of your organisation or your auspice organisation's most recent Annual Statement \***

Attach a file:

Annual Statements are provided annually by Incorporated Associations to Consumer Affairs Victoria

## Other information

**If you need to upload any other documentation that is relevant to your application, you may do so here.**

Attach a file:

## Authorisation

\* indicates a required field

Strathbogie Shire Council expects all successful applicants to formally recognise Council if funding is provided in line with Strathbogie Shire Council's 'Acknowledgement and Publicity Guidelines'. [Click here to view the guidelines.](#)

**I confirm we will recognise Strathbogie Shire Council as stated above? \***

Yes

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- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Council approves a grant, I will be required to accept the conditions of the grant in accordance with the Council audit requirements.
- I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- I understand that if the Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the Council.

**I agree to the above conditions \***

Yes

**Please fill in details of your Chair or President of your organisation or the auspice organisation below as a sign they endorse this application.**

**Name \***

First Name

Last Name

**Position \***

**Date \***

Must be a date