

**City of Bayswater**

**Community Events Grant**

**2019/2020**

**Application Form**

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**COMMUNITY EVENTS GRANT APPLICATION   
FORM 2019/2020**

**APPLICANT KEY INFORMATION**

Read all the information contained in the Community Events Grant Information Form

Ensure your application meets each of the Community Events Grant **selection criteria**

Ensure the application is **typed or neatly handwritten** on the application form provided

**Please ensure you answer all questions** - incomplete applications may not be considered by the City of Bayswater

Prior to applying please contact the **City's Funding Contact Officer** should you have any queries on   
***(*08) 9272 0622**

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| 1. **EVENT CRITERIA** |
| **Have you already received funding from any of the following funding streams within the City’s Community Grants Program in this financial year?**  Better Bayswater Grant  Community Events Grant  Capital Works Grant  Donations |
| *If, in this financial year, you have already received a grant/ funding from the City of Bayswater from any one of its four Community Grant Program funding streams, you are not eligible to apply for another round of funding from the Community Grants Program until next financial year In addition, all funds must first be successfully acquitted.* |
| **The City has a Strategic Community Plan (SCP). How does your event align with the SCP?  Please list which SCP Outcomes and Strategies your event will support, and how. Refer to the Strategic Community Plan on the City’s website.** |
|  |
| **Is your event based within the City and does it benefit City residents?** |
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| **Can you demonstrate you have capacity to successfully plan, deliver and acquit a compliant event? Please detail below:** |
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| **Have you read and understood the City of Bayswater Event Guidelines?** |
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| **Have you obtained a quote for equipment and/or services in excess of $1,000?  Please attach evidence to this application.** |
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| **Have you successfully acquitted any previous City of Bayswater funding, donation or grant allocations?** |
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**Applicants must complete ALL sections. Please contact (08) 9272 0622 with any queries.**

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| 1. **APPLICANT’S DETAILS** | | |
| **Organisation Name** |  | |
| **Address** |  | |
| **Postal address (if different from above)** |  | |
| **Name of contact person** |  | |
| **Position of contact person** |  | |
| **Telephone** | Work: | Mobile: |
| **Email address** |  | |
| **Website address** |  | |
| **Social media  (Facebook, Instagram etc)** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Australian Business Number (ABN)** | | | | |
| **Is your organisation currently incorporated?** | Yes | Please attach a copy of your Certificate of Incorporation. | | |
| No | You will require an Auspicing body.  Please complete the form at the end of this application.  *Note: An* ***Auspicing body*** *is an incorporated group that applies for a grant on behalf of an unincorporated group. The Auspicing body is responsible the legal processes associated with delivering your project including insurances and the financial management of the grant.* | | |
| **Does your organisation have an ABN?** | Yes  Please complete your ABN below:  \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | *Please ensure you have read and understood the Goods and Services Tax Information included in the Community Events Grant Information Sheet.* |
| No | | *You will require an Auspicing body.*  *Please complete an Auspicing Organisation Form.* | |

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| **Goods and Services Tax (GST)** |

|  |  |  |
| --- | --- | --- |
| Is your organisation currently registered for GST? | Yes  No | |
| **Public Liability Insurance** | | |
| Do you hold current public liability insurance to the value of $20 million?  *If ‘No’, please go to next question* | Yes  No | |
| If you are successful in obtaining a grant, are you willing to attain public liability insurance to the value of $20 million **or** will you be auspiced by a company/organisation who holds currently public liability to the value of $20 million?  *(please tick one only)* | | |
| My organisation will attain public liability insurance to the value of $20 million.  My organisation will be auspiced by a company/organisation who holds currently public liability to the value of $20 million. | | |
| **Briefly outline the aims of your group, organisation or business** | |
|  | |

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| 1. **PROPOSED EVENT DETAILS** |
| **Name of event:** |
|  |
| **Location of event:** |
|  |
| **Description of event:** |
|  |
| **Date of event:** |
|  |
| **Time of event:** |
|  |
| **Set up times of event:** |
|  |
| **Number of expected attendees at event at any one time:** |
|  |
| **Number of total expected attendees at event:** |
|  |
| **Target audience:** |
|  |
| **Expected benefits and outcomes of the event:** |
|  |
| **List the activities you plan to have at this event:** |
|  |

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| **Will there be an entry fee at the event? If ‘Yes’, please provide further details** |
|  |
| **Has this event operated or been delivered within the City of Bayswater previously?  If ‘Yes’, please provide details** |
|  |
| **Promotion of the event – how will this event be promoted? Where will the City’s contribution be acknowledged? For example: flyers, photographs, newspaper articles, social media posts, speeches etc.** |
|  |
| **How will you evaluate the success of your event? For example: survey, anecdotal feedback, numbers etc.** |
|  |
| **How many crowd controllers (security) will you be providing?** |
|  |
| **How many qualified First Aiders will you be providing?** |
|  |
| **Will your event have external signage?** |
|  |
| **Are you proposing to fence off your event?** |
|  |
| **Will you or anyone else be selling food at your event? If so, provide details** |
|  |
| **How many bins will you be providing to service your event?** |
|  |

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| **Would you like a quote from the City of Bayswater to provide these bins?** |
| **Yes  No** |
| **How many toilets will you be providing at the event?** |
|  |
| **What arrangements are in place for vehicle parking at the event?** |
|  |
| **Do you intend on having fireworks at the event?** |
| **Yes  No** |
| **Are you or any third party planning on serving alcohol at the event?** |
| **Yes  No** |

1. **EVENT BUDGET**

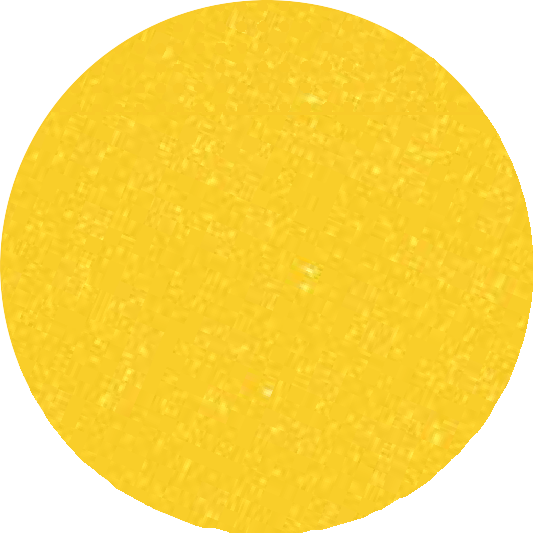
|  |  |  |
| --- | --- | --- |
| **Project cost** | | |
| **What is the estimated project cost? $** | | |
| **Budgeting Guidelines**   * Detail all anticipated expenditure; * All expenditure must be acquitted after the event has been delivered; * If money has not been spent on approved items, a refund to the City may be required; and * The budget should clearly show the contributions to be made by the applicant/s and other sources of income/support * Applicants must provide one quote for equipment and services in excess of $1,000. | | |
| **Budget Summary** | **Amount $** | **Confirmed (Yes/No)** |
| Operating Costs *(i.e. costs including equipment, stage and sound, toilets, first aid, materials, venue hire, reimbursements to other groups)*  Note: this does not include staff time and general organisational operational costs. |  |  |
| Professional Services *(e.g. cost of artists, facilitation, security staff, waste management, catering staff etc.) These are costs directly and only attributed to this project.* |  |  |
| Administration Costs *(i.e. any consumable such as postage, stationery that are required to coordinate the project)* |  |  |
| Marketing *(i.e. advertising flyers, social media)* |  |  |
| Other *(i.e. any other anticipated cost)* |  |  |

1. **DECLARATION**

**Executive Declaration**

The application should be signed by the accountable officer of the incorporated body or business (usually the President).

The Organisation acknowledges and agrees that this Application and information regarding it is subject to the *Freedom of Information Act 1992* and that the City of Bayswater may publicly disclose information in relation to this Application, including its terms and the details of the Organisation.



**Upon receipt of your application, acknowledgement will be sent to you by the City to confirm receipt.**

The City of Bayswater may wish to provide certain information to the media for promotional purposes i.e. the applicant name, location, funding purpose, project activity and funding amount.

I certify that the information given in this document is true and accurate.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon receipt of your application, an acknowledgement email will be sent to you by the City to confirm   
receipt. Please provide your email details on Page 1 of this document.