Twice a year the City of Bayswater invites expressions of interest from interested parties seeking financial and/or in-kind support to provide major town centre events within the City.

To be considered for major town centre event funding please complete this form, an event budget and evidence that the required public liability insurance can be obtained and send it to [mail@bayswater.wa.gov.au](mailto:mail@bayswater.wa.gov.au).

If you have any queries then please get in touch with the City's Place Management Team on 9272 0616 or 9270 4173.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Details** | | | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | Given Name: | |  | | | | | | | | | | | | |
| Name of Organisation: (if applicable) | | | | |  | | | | | | | | | | | | | | |
| Is the organisation not-for-profit? | | | | | | | | | Yes | | | |  | | | No | | |  |
| Postal Address: | | |  | | | | | Postcode: | | | | |  | | | | | | |
| Phone(Work/Home): | | |  | Phone (Mobile): | |  | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | |
| **Event Details** | | | | | | | | | | | | | | | | | | | |
| Name of Event: | | |  | | | | | | | | | | | | | | | | |
| Proposed Location of Event: | | |  | | | | | | | | | | | | | | | | |
| Event Date: | | |  | | | | | | | | | | | | | | | | |
| Expected number of people attending: | | |  | | | | | | | | | | | | | | | | |
| Detailed description of the event including indicative type of entertainment and activities provided: | | | | | | | | | | | | | | | | | | | |
| **Assessment Criteria** | | | | | | | | | | | | | | | | | | | |
| **How will the event benefit local businesses and the wider community?** | | | | | | | | | | | | | | | | | | | |
| **Is the event likely to be financially supported by external agencies and sponsors such as Lotterywest, Healthway or local businesses? If not, do you have the financial capacity to organise the event without other external funding?** | | | | | | | | | | | | | | | | | | | |
| **Please demonstrate your capacity to run this event. (For example, how many staff and volunteers are helping with the organisation of the event and are available to work at the event? What sort of experience do you have running major town centre events?)** | | | | | | | | | | | | | | | | | | | |
| **How are local businesses and community groups involved in the organisation of the event?** | | | | | | | | | | | | | | | | | | | |
| **Event Budget** | | | | | | | | | | | | | | | | | | | |
| Have you attached the required festival / event budget? | | | | | | | | | | Yes |  | | | | No | |  | | |
| **Assistance required from the city of bayswater** | | | | | | | | | | | | | | | | | | | |
| How much funding are you requesting from the City? | | | | | | | | | | **$** | | | | | | | | | |
| Do you request in-kind support? | | | | | | | | | | Yes |  | | | | No | |  | | |
| If yes, what support are you hoping to receive:   * Provision of waste and recycle bins free of charge? | | | | | | | | | | Yes |  | | | | No | |  | | |
| * Waiver of fees and charges associated with the organisation of the festival? | | | | | | | | | | Yes |  | | | | No | |  | | |
| * Use of parks and reserves (however, any severe damage of parks and reserves will be charged to the festival/event organisers via a bond prior to the event) | | | | | | | | | | Yes |  | | | | No | |  | | |
| **Public liability Insurance** | | | | | | | | | | | | | | | | | | | |
| If your funding application is successful, the City will require a copy of your current Public Liability Insurance (Certificate of Currency) with cover of at least $10 million for the organisation of events. | | | | | | | | | | | | | | | | | | | |
| **TRAINING** | | | | | | | | | | | | | | | | | | | |
| The City may require applicants to attend a short workshop organised by the Local Government Insurance Scheme with regards to the responsibilities and obligations that come with event organisation.  Are you willing to participate in this short workshop to ensure you are aware of your responsibilities and obligations? | | | | | | | | | | Yes | |  | | No | | | |  | |

****

|  |  |  |  |
| --- | --- | --- | --- |
| **Promotion & Marketing** | | | |
| If the application for funding is successful the City will require acknowledgement as a sponsor on all marketing collateral, in line with the City's Style Guide. The City may also require having a stall at the event free of charge. | | | |
| **Declaration** | | | |
| I certify that the information provided in this application is true and correct to the best of my knowledge. I agree to notify the City of Bayswater of any changes to the information provided in this application. | | | |
| Name: |  | Position: |  |
| Signature: |  | Date: |  |