

LOCAL EVENTS SUPPORT

## APPLICATION FORM

## **SECTION 1** | EVENT DETAILS

1. Event Name	
2. Event Description	
3. Event Date and Times	
4. Event Site Address	

5.	Contact Details	Contact Person:			
		Postal Address:			
		Suburb/Town: Postcode :			
		Phone :			
		Mobile :			
		Email :			
6.	6. Supporting Documents				
Please attach relevant documentation (if applicable)		Event Permit	Public Liability Insurance		
		Event Management Plan	□ Traffic	Management Plan	
		🗆 Event Business Plan / budget	□ Marke	ting strategy	
		Evidence of local support	Evider	nce of co-funding	

## SECTION 2 | SERVICES SUPPORT REQUEST

SUPPORT TYPE	PLEASE PROVIDE DETAILS	
🗆 Weste Management	Number of Wheelie Bins Required:	
Waste Management	Proposed collection date/s:	
Road Closures	Provide details:	
□ Traffic Controller	Provide details of dates and times required:	
□ Venue Hire	Provide details of dates and times required:	
Event Fencing		

Loan of Grandstand	
Loan of Parklet	

## SECTION 3 | FUNDING SUPPORT REQUEST

Please select **<u>one</u>** option from the below:

<ul> <li>One-off Funding Support</li> <li>One-off funding support is aimed at new and established events that Council has not previously supported (Max \$3,000)</li> </ul>	Requested amount:
Seed Funding Support Seed funding is aimed at new and emerging support to be support to be support.	Year 1 requested amount (max \$3,000): Year 2 requested amount:
events to assist the event to become sustainable over its early years. The funding should decrease in value each consecutive year by at least 25%	Year 3 requested amount:

Please describe how your event meets the following criteria:

How will your event increase tourism or provide economic benefit to the local community?	
Does your event have the support of the local community?	
Is your event original and/or innovative?	
Is your event supported financially or in-kind by other sources?	

How do you intend
to ensure long-term
sustainability of your
event
(for seed funding
applications only)

Please describe how your event will provide access and meet the needs of people with a disability:

Is your event registered for Companion Card users?	□ Yes □ No

Signature:	
Name:	
Date:	

SECTION 4   COUNCIL INTERNAL USE ONLY				
SUPPORT TYPE	VALUE (INCLUDING IN-KIND)	APPROVED?	COMMENTS AND/OR VARIATION	APPROVED BY
SERVICES		Y / N		
FUNDING		Y / N		