Before Completing an Application

IMPORTANT: Please read information below to assist you in completing your application online.

BEFORE YOU BEGIN

Welcome to the George Town Council's online Minor Community Events Sponsorship Fund application service, powered by <u>SmartyGrants</u>.

You may begin anywhere in this application form. Please ensure you save as you go.

Incomplete applications and/or applications received after the closing date will not be considered.

Before completing this application form, check that both your organisation and your project is eligible under the <u>Guidelines</u>. The Guidelines provide essential information that will assist you in preparing an application.

Information for Applicants

The George Town Council is pleased to work in partnership and offer incentive and support for community events held in the George Town municipality that contribute to the development of a strong, vibrant and connected community. The provision of sponsorship funds is a mechanism by which Council furthers its strategic goals and objectives and supports sustainable community development.

The fund is focused on assisting events which deliver mutual benefit to Council and the applicant organisation, as well as specific community benefit outcomes that align with Council's strategic goals and objectives outlined in the Strategic Plan.

To view the full guidelines click here

If you have any questions in regards to these eligibility criteria, please Council on 6382 8800 or email - council@georgetown.tas.gov.au

The sponsorship program is available all year. Please ensure you apply at least 8 weeks prior to the event.

Privacy Statement

We pledge to respect and uphold your rights to privacy protection under the <u>Australian</u> <u>Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012. Our Privacy Statement can be viewed on Council's website</u>

1. Assessment Criteria

* indicates a required field

Criteria Confirmation by Applicant Organisation

I confirm that the applicant ...

- Has read and understands the Minor Community Events Sponsorship Program Guidelines.
- Has met the criteria checklist above.
- Does not owe any reports or money to George Town Council as a result of previous funding or grants.
- Is an incorporated not for profit, or auspiced by an incorporated organisation, and/or have an ABN.
- Is located within and/or work within the George Town municipal area.
- Is inclusive in its membership and supportive of the broader community;
- Is located and operating in the George Town municipal area;
- Is not subject to any legal impediment or adverse circumstances.
- Has public liability insurance of \$20,000,000 demonstrated by the provision of a Certificate of Currency

This Minor Community Events Sponsorship Program will NOT support :-

- · Ongoing administration and running costs
- Trophies or prize money
- Political activities
- Professional fundraising organisations
- Community organisations / groups with outstanding grant acquittals. All previous Council grants, where an acquittal is due, must be acquitted to a satisfactory standard. Unacquitted or unsatisfactory acquitted grants will deem an application ineligible.

Please select to confirm your Minor Community Events Sponsorship request meets the above conditions *

I confirm the above conditions

Please upload your Public Liability Insurance certificat	e of currency *
Attach a file:	

2. Applicants Details

* indicates a required field

Applicant organisation name * Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Primary Address Address **Applicant Postal Address *** Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. **Applicant Website (if applicable)** Must be a URL **Primary Contact Person *** First Name Title Last Name This is the person we will correspond with about this grant How long has your Organisation been operating in the George Town municipality? Number of Volunteers / Employees * **Contact Phone Number ***

Primary contact perso	on's email address *	
This is the address we will u	use to correspond with you about this	grant.
3. Organisation D	etails	
* indicates a required fie	ld	
Briefly outline your or	ganisation's background and c	current activities *
How long has your org	ganisation been operating in th	ne George Town municipality
How many active men	nbers do you have *	
What sections of the c	community benefit directly from	m your organisation / group /
ABN Details		
Does your organisatio ○ Yes	on have an ABN? * O No	
ABN *		
The ABN provided will be check that you have enter	e used to look up the following info ered the ABN correctly.	rmation. Click Lookup above to
Information from the Austr	alian Business Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST	1)	
DGR Endorsed	Many to favore the	
ATO Charity Type	<u>More information</u>	

ACNC Registration
Tax Concessions
Main business location
Must be an ABN
As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO .
Please upload completed Statement of Supplier Form: Attach a file:
Max 25mb
Legal Structure
 What is your organisation legal structure? * Incorporated association or organisation Unincorporated association or organisation If your organisation is unincorporated it must have an auspice organisation
Please provide a copy of your Organisations Certificate of Incorporation.
Attach a file:
Please provide details the Auspicing Organisation.
Name *
Organisation Name
Address * Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Phone Number *
Must be an Australian phone number.

Website

Must be a URL.	
Please upload the Auspicing	Organisations Certificate of Incorporation *
Attach a file:	
Diagon was side the ADN of see	
Please provide the ABN of yo	ur auspicing organisation *
The ABN provided will be used to check that you have entered the	o look up the following information. Click Lookup above to ABN correctly.
Information from the Australian Bus	iness 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.	
4. Event Details	
* indicates a required field	
·	
Name of Event to be sponsor	ed *
Provide a name for your project/prog	gram/initiative. Your title should be short but descriptive
Anticipated start date *	Anticipated end date *
If unknown provide your best guess	or leave blank If unknown, provide your best guess or leave blank
ii alikilowii, provide your best guess	of leave blank it anknown, provide your best guess of leave blank
Laartian *	
Location *	
Please provide a brief descri	ption of the Event. *

Must be no more than 100 words. Please include details of the event including location and how many people you are expecting to attend
How did you determine a need for this Event. *
Please list objectives and outcomes *
Must be no more than 100 words. Describe how this event will connect the broader community. Include volunteers of the project in this response.
Please briefly explain how these will be achieved *
Word count: Must be no more than 150 words. Please detail
Please explain how you will monitor and measure the objectives of your Event. *
Will you be able to conduct a visitor survey? O Yes O No O Unsure
Please select the criteria that applies to your Event. * □ Aligns with or support Council's future direction □ Responds to demonstrated needs and concerns of the community; □ Demonstrates wide community support; □ Supports and enhance the cultural life of George Town; □ Enhances the image of the town as a vibrant place to live and visit; □ Enhances community life by providing opportunities for participants to build relationships and networks.
Other At least 1 choice and no more than 6 choices may be selected.
Please outline how you will meet the selection criteria you selected *

Are any approvals required to complete the Event? * ☐ Yes ☐ No See Event Planning Toolkit via website			
Please list approvals and authorsponsorship will be considered	prising agent. Pre-approvals mu	st be in place before	
Authorising agent or organisation	Type of approval required	What stage are you at?	
	<u> </u>		
* *	<u>site</u> for current legislation.		
Acknowledgement of Co	ouncil's Assistance		
□ Display Council's Logo on a□ Letter of thanks to George□ Invitation to the Mayor to b	oe given the opportunity to add s, George Town Council's Gener vent ncil post the project. nedia	_	
Please upload any supporti Attach a file:	ng evidence, letters of supp	oort etc	

5. Budget

* indicates a required field

Total Amount Requested	\$		
*	What is the total financial support you are requesting in this application?		
Total Event *	\$		
	What is the total budgets or project?	ed cost (dollars) of your event, program	

Budget

Please outline your Event budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns

- Your budget MUST balance which means your income and expenditure must be the same.
- **EXAMPLES OF INCOME** could include Council's Community Grant', sponsorship, grants from other sources, contributions by the applicant or other project partners.
- **EXAMPLES OF EXPENSES** could equipment purchases, training resources, catering, payments to contractors,
- For expense items over \$250, quotes will need to be provided in the file upload area below the tables.
- Please **do not add commas** to figures e.g. type \$1000 not \$1,000 this will ensure your figures for each table total correctly.

If your organisation **IS** registered for GST, please provide **GST exclusive** amounts in your budget. Council will add GST to the amount funded, should your application be successful. If your organisation **IS NOT** registered for GST, your expenses should **include GST**, where applicable.

Income Description	Income Type	Confirmed Funding?	Income Amount Notes (\$)	
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure AmountNotes (\$)	
		\$	
		\$	
		\$	
		\$	

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. This amount should be zero - your income and expenditure need to be the same
Please attach quotes for Attach a file:	or those expenditure (cost)	items over \$250
to successfully carry or		ed?
Non-financial inputs could in- expertise, in-kind contributio support.		
6. Applicant Capac	ity	
* indicates a required field	1	
organisation's ability to		find out more about your ur propose. Please provide some e us confidence that you can
Word count: Must be no more than 250 w	ords.	

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Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, in-kind contributions, etc.) and how you will project manage this event in the required timeframe, inclusive of risk management policy. Provide information also about any past work that may demonstrate your organisation's capacity to manage this event

planning..

7. Applicant Declaration

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant business (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant business is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *	○ Yes		○ No	
Name of authorised person *	Title Must be a authorised	senior staff member,	Last Name , board member or	appropriately
Position	Position he	eld in applicant organ	nisation (e.g. CEO,	Treasurer)
Contact phone number *	We may co	n Australian phone no ontact you to verify t licant organisation		n is authorised
Contact Email *	Must be ar	n email address.		
Date *	Must be a	date		
8. Applicant Feedback * indicates a required field Applicant Feedback				
You are nearing the end of the ap click the SUBMIT button please t				
Please indicate how you found ○ Very easy ○ Easy	d the onli			ery difficult
How many minutes in total di	d it take	you to complete	this application	n? *

Estimate in minutes i.e. 1	hour = 60	
Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.		