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

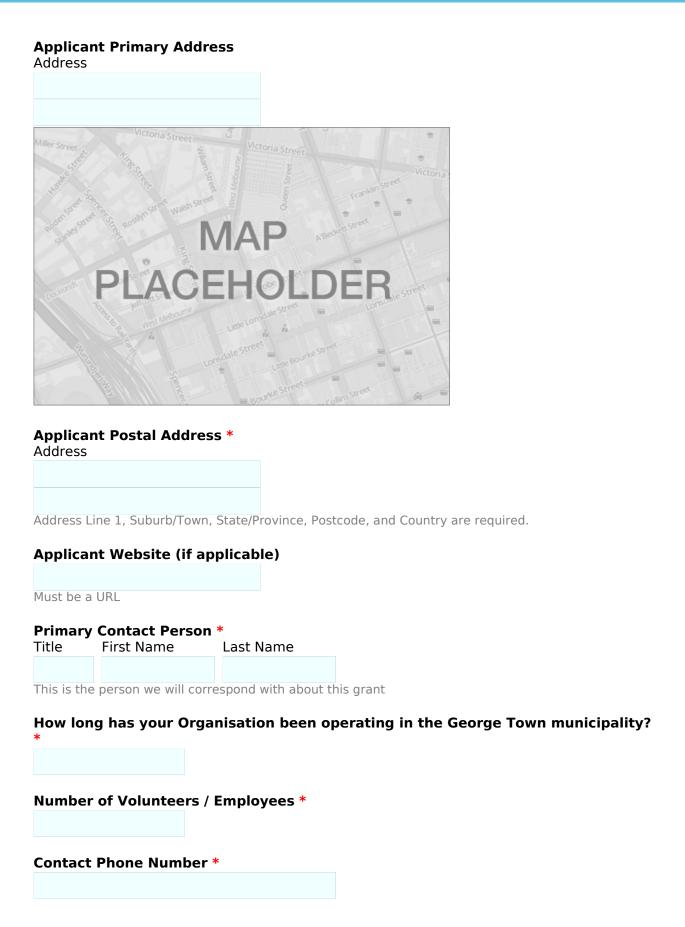
Please upload your Public Liability Insurance certificat	e of currency *
Attach a file:	

2. Applicants Details

* indicates a required field

Applicant of	organisation	name	*
Organisation	n 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.



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 unload the Ausnicing Or	ganisations Certificate of Incorporation *
Attach a file:	gambations certificate of meorporation
Please provide the ABN of your	auspicing organisation *
The ABN provided will be used to lo check that you have entered the Al	ook up the following information. Click Lookup above to BN correctly.
Information from the Australian Busine	ess Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	Nore information
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
4. Event Details	
4. Event Details	
* indicates a required field	
Name of Event to be sponsored	*
Provide a name for your project/progra	m/initiative. Your title should be short but descriptive
Anticipated start date *	Anticipated end date *
If unknown provide your best guess or	Lloave blank If unknown, provide your best guess or leave blank
il unknown, provide your best guess or	leave blank If unknown, provide your best guess or leave blank
Location *	
Planca provide a brief descripti	ion of the Event *
Please provide a brief descripti	on or 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? ○ Yes
NoUnsure
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	orising agent. Pre-approvals mu I	ust be in place before	
Authorising agent or organisation	Type of approval required	What stage are you at?	
		<u> </u>	
Describe how this Event will co Tasmanian Government's web	omply with any COVID-19 legisl site for current legislation.	ation. Please visit the	
Acknowledgement of C	ouncil's Assistance		
□ Display Council's Logo on a□ Letter of thanks to George□ Invitation to the Mayor to b	be given the opportunity to add s, George Town Council's Gene event ncil post the project.	-	
At least 1 choice must be selected	d.		
Please upload any support Attach a file:	ing evidence, letters of supp	port 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 Ty Description		pe 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 (cos	t) items over \$250	
What other inputs will to successfully carry of Non-financial inputs could in expertise, in-kind contribution	clude volunteer time /	ned?	
support.	ons, and other types of		
6. Applicant Capac	city		
* indicates a required field	d		
organisation's ability t	o undertake the project yo	find out more about your our propose. Please provide some et us confidence that you can	
J			
Word count:			

Must be no more than 250 words.

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.

l agree *	○ Yes		○ No	
Name of authorised person *		First Name senior staff membe volunteer	Last Nan	ne ember or appropriately
Position	Position he	eld in applicant orga	nisation (e	.g. CEO, Treasurer)
Contact phone number *	We may co	n Australian phone rontact you to verify dicant organisation		oplication 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		orocess: fficult	Very difficult
How many minutes in total di	d it take	you to complete	this app	olication? *

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