|  |  |  |
| --- | --- | --- |
| ShireofDardanup BW Black | **APPLICATION FOR** **COMMUNITY EVENT GRANT**  **LEVEL 3***$1,001 - $5,000***FORM 220C** | Date stamp |

|  |
| --- |
|  |
| Please indicate which of the following objectives your event will achieve: [ ]  Foster the distinctiveness of places through the personalisation of community areas [ ]  Activate public spaces [ ]  Build the skills and capacity of the community [ ]  Leave a lasting positive impact on the community [ ]  Promote accessibility and inclusivity for all members of the community [ ]  Empower groups to be proactive in the community |
| **APPLICATION ASSESSMENT PROCEDURE** |
|  |
| Applications will be assessed based on their merits however priority will be given to applicants who have not previously received funding. Applications are required to demonstrate the benefits to the Shire of Dardanup community. Preference will be given to projects with demonstrated community support.It is anticipated that funding will not be provided every year for the same event or project as organisers should aim to become financially self-sufficient in the medium to long term.The application and assessment procedure is as follows:* Applications must be made on the prescribed forms and within the timeframe specified.
* Applications for Community Events (Levels 2 & 3) will be assessed by the Manager Place & Community Engagement and referred to the Grants, Awards & Scholarships Committee for determination. All applications will be presented to Council for final approval. Approval process takes a minimum of six weeks.
* All applicants will be notified in writing of the outcome of their application for Shire of Dardanup assistance.
* Decisions regarding funding applications are final and will not be reconsidered in that funding round.
* A Grant Acquittal (Form 116) and supporting documentation of your total expenditure must be submitted to the Shire of Dardanup, within three (3) months of the completion of the project.
 |
| **HOW TO APPLY** |
| 1. The applicant must submit the below application form. To avoid delays to the application ensure all questions are completed and the information provided is correct. The application form must be submitted at least 8 weeks prior to the event date.
2. The applicant must obtain a formal written quote from the third party/parties supplying the goods/services and submit this with the application form. The formal written quote from the third party supplier must be itemised and include the business name, address, contact details and ABN (if applicable).

NOTE: It is the responsibility of the event organiser to ensure the third party supplier they engage has the required licences, qualifications and insurances for the job they are contracted to undertake. 1. The Application Form and any supporting documents can be submitted:
* in person to the Shire office located at: 1 Council Drive, Eaton 6232;
* or via email: grants@dardanup.wa.gov.au
* or via post to: The Shire of Dardanup, PO Box 7061, EATON WA 6232.
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **To avoid delays please ensure all questions are completed and the information provided is correct.**  |
| 1. **APPLICANT DETAILS**
 |
| Event contact person name: |  |
| Company/organisation/position: *(if applicable)* |  |
| Postal address: |  | Post Code: |  |
| Mobile: |  | Home Phone:  |   |
| Email: |  |
| What are the main services and/or activities of your organisation? |
|  |
| 1. **EVENT DETAILS**
 |
| Official name of event:  |  |
| Event date/s: |  |
| Event Location/s:  |  |
| Event Summary:  |
|  |
| Funding Requested (ex GST): |  |
| Total Event Cost (ex GST): |  |
| Number of total expected attendees at event: |  |
| Number of expected attendees at event at any one time: |  |
| Who is your target audience: |  |
| Has this event been held in the past? |  Yes [ ]  No [ ]   |
| Will this event be held again?  |  Yes [ ]  No [ ]   |
| If you are planning to hold this event again please describe the frequency (monthly, annually, bi-annually etc): |
|  |
| Who is involved – communities, participants, stakeholders, population groups etc: |
|  |
| What benefits to the Shire of Dardanup community will your event offer: |
|  |
| Who does the event align with the Shire of Dardanup *Strategic Community Plan* (available on website [www.dardanup.wa.gov.au](http://www.dardanup.wa.gov.au) ): |
|  |
| Is entry to the event open to the general public: |  Yes [ ]  No [ ]   |
| Is there an event entry/participation fee: |  Yes ☐ No ☐  |
| If yes provide ticket/entry fee details:  |  |
| How are you promoting the event: |
|  |
| How will you determine if your event was successful: |
|  |
| Has the Shire of Dardanup provided a donation towards this event in the past?  |  [ ]  Yes [ ]  No |
| If yes:  | Year: | Amount: |
|  |
| 1. **BUDGET**
 |
| Outline the budget details of your event using the Income and Expenses table below. All budget details must be completed using the table below. Budgets submitted as separate items attached, will not be assessed.Itemised written quotes from the supplier/s providing the goods or services must accompany this application. Income‘In-kind’ contributions are goods, services, time, expertise, or other non-cash contributions which assist the development, delivery and/or evaluation of the event. |
|  | **Amount $ (excluding GST)** |
| **Shire of Dardanup contribution**(This is your $ request for funding from the Shire of Dardanup) |  |
| **Your contribution**(This is your organisations $ contribution to the event) |  |
| **Other contributions**(This is other $ income streams for the event – sponsorship, funding, ticket sales, vendor fees, other) | Sponsorship: |
| Funding: |
| Ticket sales (if applicable): |
| Vendor fees: |
| Other income: |
| **Total $ of all contributions**(Total of Shire of Dardanup contribution, your contribution and other contributions) |  |
| **Total of ‘In-Kind’ contributions**(Total 4 value of any In-Kind support from you or other organisations to deliver the event – estimated $ value) |  |

 |

|  |
| --- |
| **EXPENSES**Please outline your projects’ total expenses using the table below. |
| **Item/s Description** | **Total item cost**(ex GST) | **$ requested from SoD**(ex GST) | **$ requested from others** (ex GST) | **$ provided by applicant** (ex GST) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

|  |
| --- |
|  **4. ACKNOWLEDGEMENTS** |
| As the event organiser, applying for a Community Event Grant acknowledge that the information in my application is true and correct.  |
| I have attached a true & accurate quote/s from the supplier/s providing the goods or services: | Yes[ ]   |
| I have submitted an Events Application Form to the Shire for the event in which the grant funding is for: | Yes[ ]   |
| The grant funding will be used for the purpose for which it was given.  | Yes[ ]   |
| I understand the Shire of Dardanup must be acknowledged in relevant publications or media coverage of the event for its support.  | Yes[ ]   |
| I meet the eligibility criteria detailed in SDev CP044 Community & Events Grant Policy. | Yes[ ]   |
| Name: |  |
| Signature : |  |
| Date: |  |
| Shire of Dardanup1 Council Drive/PO Box 7016EATON WA 6232Phone: (08) 9724 0000 Fax: (08) 9724 0091Email: records@dardanup.wa.gov.au |