2026/2027 Major Event Sponsorship
Form Preview

Prior to commencing your application, please ensure you meet the eligibility criteria.

* indicates a required field

About the Program The City of Rockingham provides funding to incorporated not-for-profit organisations and associations, or organisations limited by guarantee, that are based in or deliver services to the City of Rockingham communities

Funding supports programs, projects, events, and initiatives that deliver a clear community benefit.Before you continue, please confirm that you have:

1. Read the Community Grants Program Guidelines
2. Discussed this application with the Community Grants Officer
3. Successfully acquitted any previous City of Rockingham grants

Important Notes:

- Applications require a minimum of 60 business days to be assessed from the date a complete application is received
- Applications will not be assessed until all required information and supporting documents are submitted
- Projects starting within 60 business days of submission will not be eligible for funding

You will need to provide the following documents later in the application:

- Incorporation certificate
- Financial statements
- Public liability insurance
- Quotes for all items that are requested to be funded
- Bank account details
- Copy of AGM minutes - confirming the committee's agreement to apply for funding
- Copy of Constitution
- Quotes for all items that are requested to be funded over $50

I acknowledge and agree to the above information *

○ Yes

Applicant Details

* indicates a required field

Applicant Contact

First Name | Last Name

Applicant Position *

Applicant Primary Phone Number *

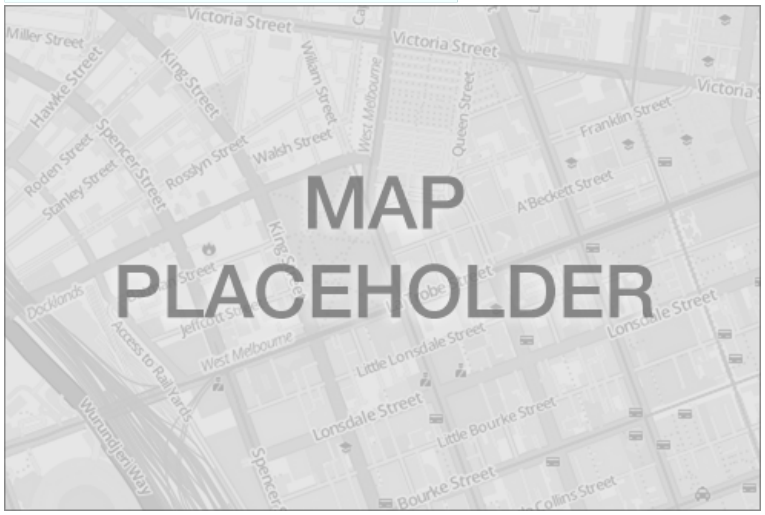
Must be an Australian phone number.

Organisation Details

* indicates a required field

Organisation's Name *
Organisation Name

Organisation's Primary Address *
Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Organisation's Primary Email *

Must be an email address.

Organisation's Phone Number

Must be an Australian phone number.

Organisation's Primary Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

When was the organisation established? *

Is the organisation incorporated? *

○ Yes

○ No - You are still eligible to apply via an auspicing body. Please complete the Auspice section.

Number of current members *

What is the organisation's vision/purpose? *

Does the organisation have an ABN?

○ Yes ○ No

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business 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.

Previous City Funding Received

Has the organisation previously received funding from the City of Rockingham? *
○ Yes ○ No

Amount	Date of funding	Name of Event/Program	Acquittal Status
Must be a dollar amount.	Must be a date.	Name of the Event/ Program	What is the status of this funding

Auspice Organisation

* indicates a required field

Auspice - Organisation Name *
Organisation Name

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business 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.

Auspice Position *

Auspice Primary Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice Primary Email *

Must be an email address.

Auspice Primary Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

When was the organisation established? *

Number of current members *

What is the organisation's purpose/vision? *

Word count:

Please provide a website so we can view your constitution

Previous City Funding Received

Has the organisation previously received funding from the City of Rockingham? *

○ Yes ○ No

Amount	Date of funding	Name of Event	Acquittal Status
Must be a dollar amount.	Must be a date.	Name of Event/Program	What is the status of the funding

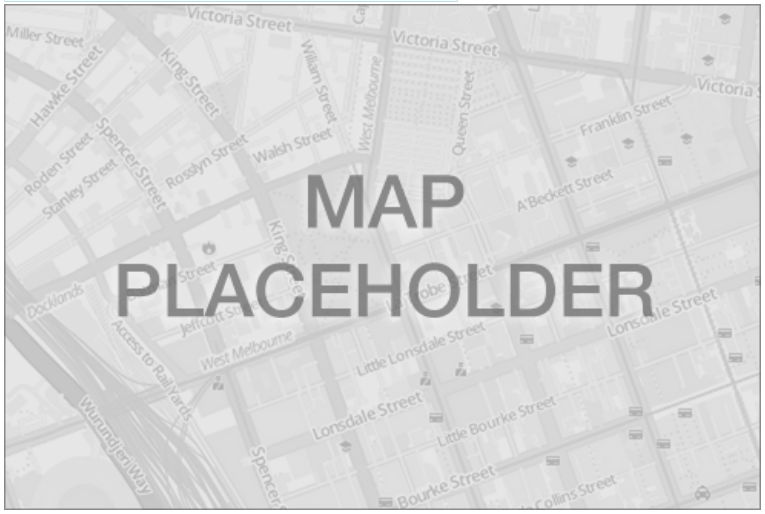
Event Details

* indicates a required field

Title of the event *

Location of event *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

What date will the event take place OR state the start date *

Must be a date.

What date will it end? *

Must be a date.

Start time *

Finish Time *

Which of the following Community Grants Program target areas best represents the benefits and outcomes of your program, project, event or activity (select one option) *

○ Community Development ○ Culture and the Arts ○ Environment and Heritage
○ Economic Development ○ Sport and Recreation ○ Emergency Services

Cost of Event *

○ Free of charge to the community ○ Low-cost / affordable ○ Ticketed event

Ticketed Price (Required if 'Low cost / affordable' or 'Ticketed event' is selected *

Must be a dollar amount.
Please enter the ticket price (in dollars). If there are multiple ticket types, list each (e.g. Adult $10, Child $5). If the event is free, enter $0.00.

Please describe the event, including:

- The purpose of the event and why your organisation is delivering it
- The key activities that will take place
- How the event will be delivered (e.g. format, location, approach)
- Who will be involved in planning and delivery

*

Think community benefits

Please list the short-term benefits *

Short-term benefits *

Short-term benefits *

Please provide three (3) benefits

Please list the long-term benefits *

Long-term benefits *

Long-term benefits *

Please provide three (3) benefits

How many people are expected to attend the event? *

Must be a number.

Is there capacity for the event to grow? *

○ Yes ○ No

Who is the primary target audience?

☐ Wider community
☐ People with disability
☐ First Nation people
☐ People at risk
☐ Culturally and linguistically diverse people
☐ Early years 0 - 4 years
☐ Children 5 - 11 years
☐ Young people 12 - 24 years
☐ Adults 25 - 59 years
☐ Older people 60+ years
☐ Other

If selected other please specify:

Event Costings

Are you applying for an Economical Development Event? *

○ Yes ○ No

Are you applying for a Community Development Event? *

○ Yes ○ No

Are you applying for a Inaugural/One-off Event? *

○ Yes ○ No

Economic Development Events

Describe your organisation’s experience in delivering this event.

○ Some experience ○ Good level of experience ○ Very experienced

How long has the event been running?

○ 1 - 3 years ○ 4 - 5 years ○ 6 - 10 years ○ 11 - 20 years ○ 21 plus years

What was the event called in the previous calendar year?

What were the key outcomes to the event?

How many people attended the event (participants and attendees)?
○ 1001 - 5000 ○ 5001 - 10,000 ○ 10,001 - 18,000 ○ 18,001 +

How did the event provide significant direct economic stimulus to the Rockingham community, including benefits to local businesses, increased economic activity, and marketing or promotional opportunities for the City?

Community Development Events

Describe your organisation's experience in delivering this event. *
○ Some experience ○ Good level of experience ○ Very experienced

How long has the event been running? *
○ 1 - 3 years ○ 4 - 5 years ○ 6 - 10 years ○ 11 - 20 years ○ 21 + years

State what the event was called in previous years. *

Where was the event located (venue and suburb)? *

Describe the relationship between the applicant and the location where the event was held. *

How many people attended the event?
○ 5001 - 10,000 ○ 10,001 - 18,000 ○ 18,001 +

Inaugural/One-off Event

What is the main reason for introducing this new event in the City of Rockingham? *

What will be the direct positive impact of the event on the City of Rockingham, the community, and businesses operating in Rockingham? Please address all three areas in your response. *

Clearly demonstrate your organisation's ability, experience, and knowledge to manage an event of this scale, or outline the partnerships engaged that have the skills to deliver the event successfully. *

Year 1 - Total cost of the event *

Must be a dollar amount.
Must be a dollar amount. What is the total budgeted cost of your project?

Year 1 - Amount of funding requested from the City of Rockingham *

Must be a dollar amount.
Must be a dollar amount. How much financial support are you requesting in this application?

Is your organisation seeking funding for more than one year?

○ Yes ○ No

To be eligible for multi-year funding, the organisation must have delivered this event previously.

New Section

Year 2 - Total cost of event (estimate)

Must be a number.

Year 2 - Amount of funding requested from the City of Rockingham (if applicable)

Must be a dollar amount.

Year 3 - Total cost of event (estimate)

Must be a dollar amount.

Year 3 - Amount of funding requested from the City of Rockingham (if applicable)

Must be a dollar amount.

Marketing

Marketing activity / strategy	Budgeted expenditure	Marketing opportunity for the City	Pre-Event	During Event	Post Event
e.g.Radio Advertising - Coast FM	Must be a dollar amount.				

20. Partnerships and collaboration:

Is the organisation collaborating or partnering with any other organisations or stakeholders? *

○ Yes ○ No

Describe any partnerships or collaborations with other organisations or stakeholders for this project. Do not include parties that will be getting paid.

Organisation / Business / Service	Role in the Project	Is this funding confirmed?	Budgeted income amount
	(in the lead up to the event or program or on the day of the event/ program)		Must be a dollar amount.

Accessibility

How will the organisation ensure the event will be accessible and inclusive, including for people with disability? *

Word count:
Describe any specific measures you will put in place (e.g. accessible venue, parking, Auslan interpreters, captioning, accessible formats, sensory considerations, financial accessibility).

City Recognition

How will the City be acknowledged if successful? *

- ☐ Display of the City's logo on flyers
- ☐ City Banners (complete banner form)
- ☐ Signage
- ☐ Social media
- ☐ Website
- ☐ Media (e.g. newspapers, television and/or radio acknowledgement)
- ☐ Verbal acknowledgement (e.g. speech/ presentation)
- ☐ Written acknowledgement (e.g. newsletter)
- ☐ Other

If selected other please state

Is this an outdoor event? *

- ○ Yes
- ○ No

Has the organsiation applied for, or received, the Outdoor Event approval from the City's Health Services?

- ○ Approved (attach approval letter below)
- ○ Submitted - approval pending
- ○ Not yet submitted
- ○ Unsure – I will contact the City's Health Services team to confirm requirements

Financials

* indicates a required field

Budget Template – Required

All applicants must use the City's Grants Budget Template.

Please download copy of the Budget Template from the web page (under the Supporting Documents tab)

Before uploading, please ensure that:

- All income and expenditure for the entire event must be fully itemised, not only the items being requested from the City.
-

- Major costs are supported by quotes or estimates
- GST must be clearly identified and consistent with your organisation’s ABN/GST status
- Total income equals total expenditure

Incomplete or incorrectly completed budgets may result in the application being deemed ineligible.

Have you sourced funding from elsewhere? *

○ Yes ○ No

Other funding sources:

Funding Agency	Is this funding confirmed?	Amount
		Ent Must be a dollar amount.

Are any individual items requested from the City over $500 (excluding GST)? *

○ Yes ○ No

Supporting Documents

* indicates a required field

Please upload all the required files

Certificate of Incorporation *

Attach a file:

Public Liability Insurance *

Attach a file:

Copy of Constitution *

Attach a file:

Copy of minutes *

Attach a file:

Latest Endorsed Financials *
Attach a file:

Bank Account Details *
Attach a file:

Grant Budget *
Attach a file:

Quotes over $500 *
Attach a file:

Auspice letter (if applicable)
Attach a file:

Outdoor Application (if applicable)
Attach a file:

Conflict of Interest and Declaration

* indicates a required field

Is there any member of the organisation's committee, management committee or board employed by, or financially associated with, an organisation that may benefit from this grant if successful? *

○ Yes ○ No

By submitting this application, I confirm that:

- I am authorised to submit this application on behalf of the organisation
- The information provided is true and correct to the best of my knowledge
- All previous City of Rockingham grants have been acquitted (where applicable)
- All other sources of funding have been disclosed
- I will notify the City of any changes to this application or project
- I have read and agree to the Community Grants Program Guidelines

I understand that providing false or misleading information may result in the application being declined, funding being withdrawn, and/or repayment of funds.

The City of Rockingham is collecting your personal information for the purpose of administering and assessing grant applications, including eligibility checks, assessment, monitoring, and reporting. It may also be used for secondary purposes which would be reasonably expected. Your personal information will not be disclosed to any other party without your consent unless required or authorised by law.

If you choose not to provide your personal information, we will not be able to assess your application or approve a reimbursement.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

I agree to the above Declaration and Privacy Statement

○ Yes