

Major Event Sponsorship - Application

Form Preview

Before You Apply - Important Information

* indicates a required field

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 Rockingham community.

The City supports events that provide a clear benefit to the local community.

Before applying, please note:

- Major Event Sponsorship applications must be submitted at least 60 business days before the proposed event.
- The activity must take place within the City of Rockingham local government area.
- Organisations cannot receive funding for the same event within the same financial year.
- Applications will not be assessed until all required information and supporting documents have been provided.

Supporting documents may include (but are not limited to):

- Quotes for proposed expenditure
- Latest endorsed financial statements
- Current insurance documents
- Copy of the latest meeting minutes confirming approval to apply

Important: If your project or event is scheduled to commence within 60 business days of submitting a complete application, the application will be considered ineligible.

Before You Submit Your Application

Before completing the application, you must ensure that you have:

- Read the Community Grants Program Guidelines, including all eligibility and ineligibility criteria (Section 2)
- Discussed your application with the Community Grants Officer prior to submission (this applies even if you have previously received funding)
- Successfully acquitted any previous grants (*Note: Applications may be rejected if acquittals are outstanding or submitted at the same time*)
- Obtained quotes for all expenses you are seeking funding for

I confirm that I have read and agree to the above statements *

Yes

No

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Applicant Details

* indicates a required field

Organisation's Name *

Organisation Name

Applicant Admin Contact

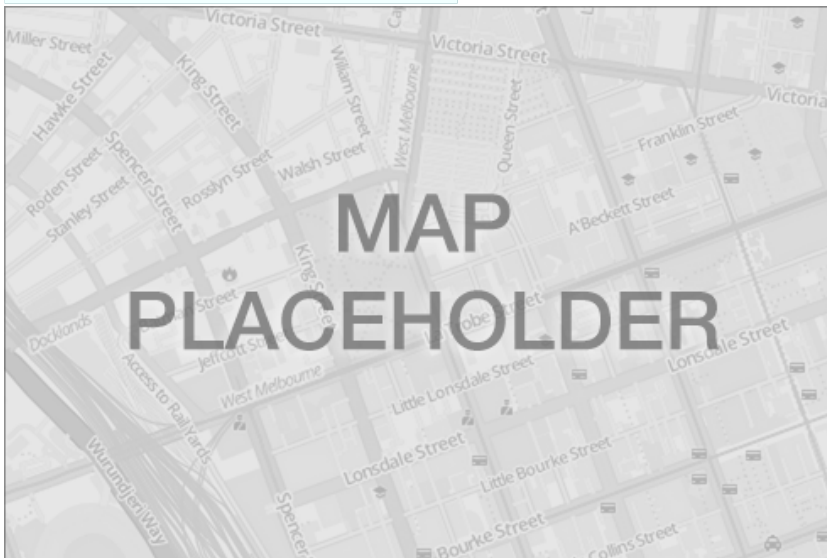
First Name

Last Name

Applicant Position *

Organisation's Primary Address *

Address



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

Organisation's Postal Address *

Address

Applicant Primary Phone Number *

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Must be an Australian phone number.

Organisation's Primary Email *

Must be an email address.

Organisation's Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Does the organisation have an ABN?

Yes

No

Upload a copy of Statement by Supplier

Attach a file:

Organisation's 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.

Organisation Details

* indicates a required field

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Is the organisation incorporated? *

Yes

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

Incorporation Certificate *

Attach a file:

Public Liability Insurance *

Attach a file:

Financial Statements (latest copy that have been endorsed by the last Annual General Meeting) *

Attach a file:

Upload a copy of the most recent meeting minutes confirming the committee's agreement to apply for the funding. *

Attach a file:

Does the organisation have a copy of the constitution? *

Yes

No

Please upload copy of the Constitution *

Attach a file:

Please provide a website to view the constitution

Tell us about your organisation

When was the organisation established? *

Number of current members *

What is the organisation's vision/purpose? *

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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	

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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:

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Incorporation certificate *

Attach a file:

Public Liability Insurance *

Attach a file:

Financial Statements (latest copy that have been endorsed by the last Annual General Meeting) *

Attach a file:

Please upload copy of Letter of Support for Auspice Arrangement *

Attach a file:

Does the organisation have a copy of the constitution?

Yes

No

Please upload copy of constitution

Attach a file:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Event Details

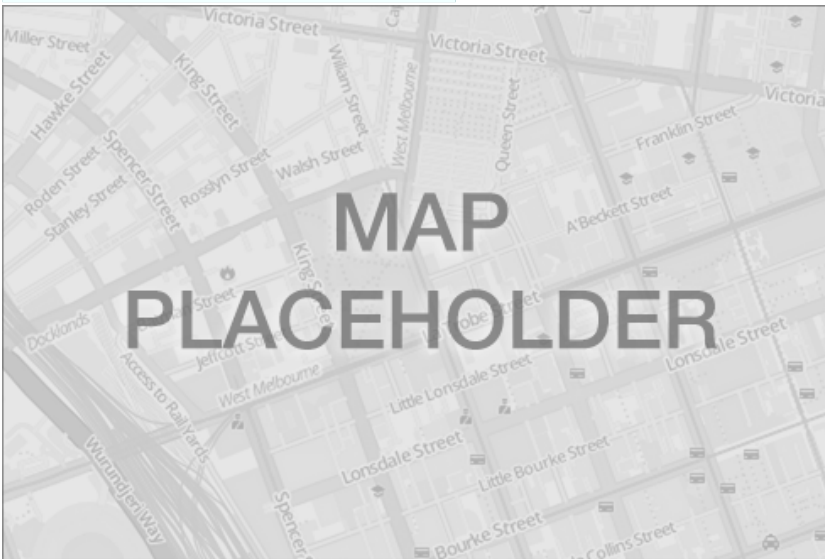
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* indicates a required field

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

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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 *

*

*

Please provide three (3) benefits

Please list the long-term benefits *

*

*

Please provide three (3) benefits

How many people are expected to attend the event? *

Must be a number.

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Is there capacity for the event to grow? *

- Yes No

Who is the primary target audience?

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

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?

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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. *

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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

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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? *

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

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If selected other please state

Is this an outdoor event? *

- Yes No

Has the organisation 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

Upload outdoor event approval documentation or confirmation of submission

Attach a file:

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.

Upload the completed Major Event Sponsorship Budget Template *

Attach a file:

Only budgets submitted using the City's template will be accepted.

Have you sourced funding from elsewhere? *

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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

Upload quotes

Upload all quotes for items over \$500 *

Attach a file:

Conflict of Interest and Declaration

* indicates a required field

Conflict of Interest

Is 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

If yes please state the nature of this interest below:

Applicant Declaration

* indicates a required field

By submitting this application, I confirm that:

- I am authorised to submit this application on behalf of the organisation.

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- The information provided in this application and supporting documents is true, accurate and complete to the best of my knowledge.
- The organisation has no outstanding acquittals with the City of Rockingham and has disclosed all previous City funding.
- The organisation will notify the City of Rockingham in writing of any material changes that may affect this application or the approved project.
- The organisation has read and understood the Community Grants Program Guidelines and agree to comply with all funding conditions if successful.
- I understand that providing false or misleading information may result in the application being declined, funding withdrawn, or funds required to be repaid.
- I acknowledge that the City of Rockingham's funding decisions are final and not subject to appeal.

I confirm that this declaration is true and correct at the time of submission. *

Yes

Applicant Details *

First Name

Last Name

Position Title *

Organisation Name *

Organisation Name

*

Must be a date.