

2024/25 Community Events application form

Form Preview

Welcome to the Community Events Application Form

The council is committed to supporting events that enable community groups to provide opportunities for participation, social connection, and celebration for smaller community events up to approximately 500 people.

A “Community Event” is an event managed and delivered by a local not-for-profit group or organisation for the purpose of education, fundraising, social, fun and entertainment value, civic and ceremonial events with the primary purpose of attracting the local community but may also attract patrons from outside the region.

A Community Event is considered an event of up to **approximately 500 people**.

A community event can be:

- a localised celebration for under 100 people
- an event open to all NGSC residents and visitors for over 100 people

Funding available will be depended on the type of event:

- **a local celebration** can receive up to **\$1500**
- **a larger community event** can receive up to **\$3000**

These events are generally run by volunteers.

You can access more information about the grant [here](#)

Please allow forty minutes to complete your application. You may also need some extra time to collect supporting documentation and information.

If at any stage you come across a question you cannot answer, please use the save button at the bottom of this form to save your application so you can return later when you have the appropriate information.

We wish you all the best with your application.

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have:

- read the program guidelines: [Community Event Grant](#)
- It is preferred that the council Event Registration is complete before you apply for a grant. As the assessment process can take some time we will consider applications that are in the process of registering their event. The event registration can be found [here](#)
- You are required to upload a general overview of your Event Plan. You are welcome to use your own document or you can use the template here.
- You are required to **contact the Community Development officer at community@ngshire.vic.gov.au or 03 5358 0512.**

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If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Eligibility checklist

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you can explain how your event will benefit your community group of the broader community
- your organisation is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- your organisation is incorporated or is auspiced by an incorporated organisation for this application
- your group/organisation is located in the Northern Grampians Shire.
- your organisation does not owe any reports or money to Northern Grampians Shire Council.
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- your activity/initiative cannot be funded by other funding sources eg Government Departments
- your activity/initiative is not for wages or general operating costs.

You must confirm that all statements above are true and correct. *

Yes

Contact Person Details

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Privacy Policy \(ngshire.vic.gov.au\)](#).

Contact details

Name

Title

First Name

Last Name

Applicant Position

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Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Organisation Details

* indicates a required field

Organisation name

Organisation Name

What type of not-for-profit group/organisation are you? *

- Educational institution (includes pre-schools, schools, universities & higher education providers)
- Religious or faith-based institution
- Philanthropic organisation
- Peak body
- Social enterprise
- Healthcare not-for-profit
- Community group
- General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

What is your organisation's legal structure? *

- Unincorporated association
- Incorporated association
- Cooperative
- Company limited by guarantee
- Indigenous corporation, association or cooperative
- Organisation established through specific legislation
- Unknown

If your organisation is unincorporated, it must have an auspice organisation

Does your organisation have an ABN? *

- Yes
- No

Applicant 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.

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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	

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 website](#).

Please upload completed Statement of Supplier Form. *

Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

Yes No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice organisation name *

Organisation Name

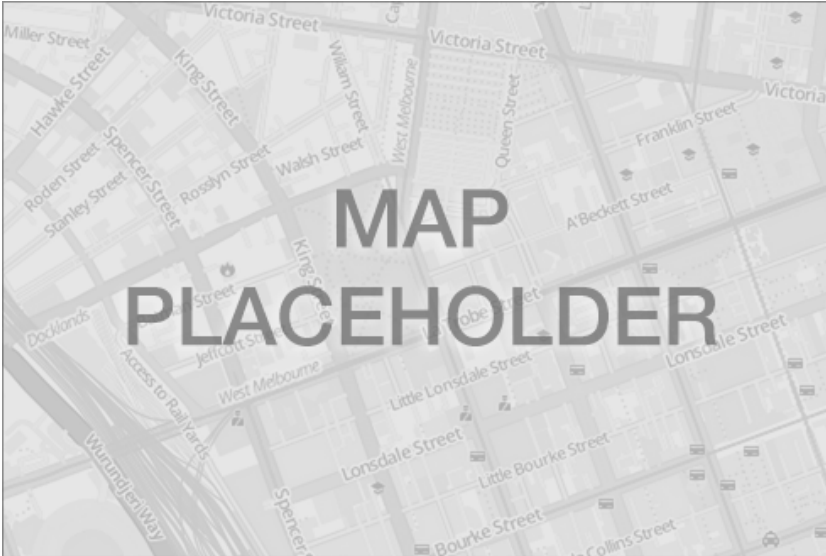
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

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Auspice primary address

Address



Auspice postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

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Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

Yes

No

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.

As the auspice organisation does 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 website](#).

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Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Event details

* indicates a required field

General information

Event name *

Word count:

Must be no more than 25 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive

Event start date

Must be a date.

Event end date

Must be a date.

Event address

Event description

Which of the grant objectives does your event best align with (please select no more than two).

- Encourage inclusiveness, social connection and belonging.
- Build community capacity.
- Encourage community pride (civic and ceremonial).
- Celebrate people and place.
- Support the needs and aspirations of the diverse communities in the shire.

Please provide a brief description of the event, including how it aligns with the grant objective you have selected. *

Be descriptive, but succinct. If relevant explain; what the event is, who is involved and why you are holding the event.

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Who will benefit and why

How many people are you expecting to attend the event?

Who are the primary beneficiaries of this project/program?

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

What are the benefits of holding this event. *

Event Planning

For your event to be successful developing a detailed event plan is important for the following reasons:

- **Organisation:** It helps you keep track of all the details, from the venue to the guest list, ensuring nothing is overlooked.
- **Budget Management:** An event plan allows you to allocate funds appropriately and avoid overspending.
- **Time Management:** It helps you set timelines and deadlines, ensuring everything is completed on schedule.
- **Risk Management:** By planning ahead, you can anticipate potential issues and have contingency plans in place.
- **Coordination:** It ensures all team members and stakeholders are on the same page, facilitating smooth communication and collaboration.
- **Goal Achievement:** A clear plan helps you define and achieve the objectives of the event, whether it's raising funds, celebrating a milestone, or launching a product.

Please upload your event plan.

Attach a file:

Please upload your Emergency Management Plan and Risk Assessment from your Council Event Registration.

Attach a file:

Project Budget

Funding purpose

Use of the event funding.

- Promotion (e.g. banners, posters etc)

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- Advertising
- Entertainment
- Materials
- Professional services
- Venue hire
- Catering / refreshments
- Equipment
- Other:

Funding Amount

Total Amount Requested

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Total Event Cost

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Budget

Only include items to be funded by this event grant.

List the items that require funding \$

List the items that require funding	\$

Please attach quotes for those expenditure (cost) items over \$500

Attach a file:

Please attach a budget breakdown (if relevant).

Attach a file:

Certification and Feedback

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* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (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 organisation 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

Name of authorised person *

Title First Name Last Name

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Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application? *

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.

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