Eligibility

* indicates a required field

Welcome to the City of Swan's Grant and Sponsorship Program.

Before starting your application, please read <u>Resource Guide and the Swan Event</u> Sponsorship Information Sheet for eligibility and assessment criteria.

Please ensure you have discussed your application with the Community Grants Team prior to submission. If you haven't, please call (08) 9207 8693 or email communitygrants@swan.wa.gov.au as they are ready to help you.

Please allow 8-12 weeks for your application to be processed. Applications that are incomplete or received outside the minimum lead-time may not be processed in time.

Confirmation of eligibility

| I have read and understood the Information Sheet * Yes | Resource Guide and | d the Swan Event Sponsorship |
|---|--|------------------------------|
| I have discussed this applicatio ○ Yes | n with the Commun | ity Grants Team * |
| I have no outstanding debts wit ○ Yes | th the City of Swan ⁹ No | * |
| I have acquitted all previous furnity of the N | • | of Swan * O Not Applicable |

I confirm that I:

- Hold a current Certificate of Currency for Public Liability Insurance of \$20 million
- Am not requesting funding for a project that promotes the advancement of a political or religious organisation or lobby group
- Am not requesting funding for an event that is part of or a duplication of a current Government service
- Am not requesting funding for costs already funded by another grant or sponsorship
- Am not requesting funding for recurrent or core operating costs
- Am not requesting funding for reimbursement of costs that have already been incurred
- Am not requesting support for Capital expenses
- Am not requesting funding for private / ticketed activity only
- Will not attempt to contact or lobby an Elected Member of the City of Swan regarding this or another organisation's application

All statements are true: *

| ○ Yes | | ○ No |
|--|---|---|
| | contact the Comm | uestions you may not be eligible for a Swan nunity Grants Team on (08) 9207 8693 before |
| Applicant Details | | |
| * indicates a required field | | |
| protection under the Austra Act 1988 and amended by | alian Privacy Princi the Privacy Amend | espect and uphold your rights to privacy iples (APPs) as established under the Privacy dment (Enhancing Privacy Protection) Act 2012. www.swan.wa.gov.au/General/Legal/Privacy- |
| | rganisation | |
| | | |
| Title First Name | Last Name | |
| | | |
| Organisation Contact Pe | | |
| Title First Name | Last Name | |

Position held in Organisation *

Contact Person Phone Number *

Must be an Australian phone number.

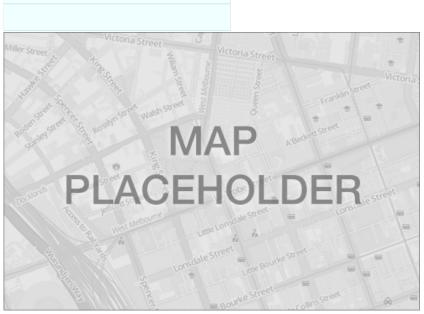
Contact Person Email *

Must be an email address.

Applicant Primary Address *

Address

This is the person best placed to discuss the event



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

Postal Address * Address

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

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.

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.

| Organis | ation Website | | | |
|---------------------------|--------------------------------|---|--------------------------------|-----------------------|
| | | | | |
| Must be a Does your | URL. r organisation have | a website? | | |
| | | anisation's Certi | ficate of Incorporation | on (If Incorporated) |
| Attach a | file: | | | |
| | | | | |
| ○ Yes | | oice Organisation | \bigcirc No | |
| Auspic | e Details | | | |
| | Organisation Ition Name | | | |
| - | | | | |
| | | | | |
| Auspice Title | Organisation C First Name | ontact Name Last Name | | |
| TICIC | Thise wante | Last Name | | |
| | | | | |
| Auspice | ABN | | | |
| | | used to look up the ed the ABN correct | following information. tly. | Click Lookup above to |
| Informati | on from the Austral | lian Business Registe | r | 1 |
| ABN | | | | |
| Entity nai | me | | | |
| ABN statu | us | | | |
| Entity typ | oe | | | |
| Goods & | Services Tax (GST) | | | |
| DGR Endo | orsed | | | |
| ATO Char | rity Type | More inform | <u>ation</u> | |
| ACNC Reg | gistration | | | |
| Tax Conc | essions | | | |
| Main busi | iness location | | | |
| Must be a | n ABN. | | | _ |
| Auspice Address | Primary Addre | SS | | |

| Please upload a copy of Certificate of Incorporation of your Auspice Organisation Attach a file: |
|---|
| |
| Auspice Primary Phone Number |
| Must be an Australian phone number. |
| Auspice Primary Email |
| Must be an email address. |
| Auspice Primary Website |
| Must be a URL. |
| Please attach a letter from your Auspice Organisation (confirming the Auspice arrangement) * Attach a file: |
| |
| |
| About Us |
| * indicates a required field |
| What is the primary purpose of your Organisation? * |
| |
| Word count: Must be no more than 200 words. |
| Has your Organisation changed name since last funding? If yes include previous name, if no leave blank. |
| |
| Are you an Aboriginal and Torres Strait Islander Organisation? ○ Yes ○ No |
| Are you an Aboriginal and Torres Strait Islander owned business? O Yes O No |

| * indicates a required field Event Title * Event Start Date * Must be a date. Sponsorship will not be provided restrospectively for events that have already occurred. Event End Date * Must be a date. Will your event be held at a City of Swan managed venue including a park or other facility? * O Yes No Event Address * Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Please provide a summary of your event. * Word count: Must be no more than 500 words. Please identify your Partners and the key Stakeholders involved in your event * Must be no more than 100 words. Stakeholders include any individuals, groups, or organisations who have an interest in or influence | Event Information | |
|---|---|--|
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| Will your event be held at a City of Swan managed venue including a park or other facility? * ○ Yes ○ No Event Address * Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Please provide a summary of your event. * Word count: Must be no more than 500 words. Please identify your Partners and the key Stakeholders involved in your event * Must be no more than 100 words. Stakeholders include any individuals, groups, or organisations who have an interest in or influence | Event End Date * | |
| other facility? * O Yes O No Event Address * Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Please provide a summary of your event. * Word count: Must be no more than 500 words. Please identify your Partners and the key Stakeholders involved in your event * Must be no more than 100 words. Stakeholders include any individuals, groups, or organisations who have an interest in or influence | Must be a date. | |
| Event Address * Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Please provide a summary of your event. * Word count: Must be no more than 500 words. Please identify your Partners and the key Stakeholders involved in your event * Must be no more than 100 words. Stakeholders include any individuals, groups, or organisations who have an interest in or influence | | managed venue including a park or |
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| Stakeholders include any individuals, groups, or organisations who have an interest in or influence | Please identify your Partners and the ke | y Stakeholders involved in your event * |
| Stakeholders include any individuals, groups, or organisations who have an interest in or influence | | |
| over the event. They may include community members, local government officials, non-profit organisations, businesses, and relevant service providers. Partners refer to the specific organisations or entities that are collaborating with you in implementing the event. They may provide resources, expertise, funding, or other support to help achieve project outcomes. | Stakeholders include any individuals, groups, or or over the event. They may include community men organisations, businesses, and relevant service proor entities that are collaborating with you in implementations. | nbers, local government officials, non-profit oviders. Partners refer to the specific organisations menting the event. They may provide resources, |
| What is the expected event participation/attendance total? * | What is the expected event participation | n/attendance total? * |

| Must be a number. |
|--|
| How many volunteers will contribute to or be involved in your event? * |
| Must be a number. |
| How often is your event held? * |
| e.g. Annually, Once off, Bi-annual |
| Please describe your Event's target audience. * |
| Must be no more than 25 words. Example: CALD, Multicultural, People Living with Disability, Seniors, Young People, Children, Vulnerabl Community etc. |
| Please provide information on how your event will be accessible and inclusive? * |
| Word count: Must be no more than 150 words. How will you ensure everyone is welcome with barriers to participation removed e.g. multicultural needs, people living with disability, affordable activities etc. See the Accessible Events Checklist on th City's Grant and Sponsorship Webpage. |
| How will your event be promoted? |
| Descibe the ways the event will be promoted and participants reached, e.g. Facebook, TV or radio advertising, Website, Newletters, Street banners, etc |
| Through this Sponsorship you will be required to acknowledge the City of Swan's support. How will you do this? * |
| Word count: |
| Must be no more than 150 words. See Resource Guide - Describe the ways support received will be acknowledged |
| Value Level of Sponsorship |

Value Level of Sponsorship

The Swan Event Sponsorship is categorised into 3 levels of support, based on dollar value. The eligibility requirements and assessment criteria for each level can be found in Swan Event Sponsorship Information Sheet.

What level are you applying for? *

- O Level 1 Up to \$5,000
- O Level 2 Between \$5,000 and \$10,000
- O Level 3 Between \$10,000 and \$25,000

Level 1 - Small & Local Events; Level 2 - Medium sized Community Events; Level 3 - Large Signature/ Destination Events

| Please identify the primary Objectives fr with which your event aligns. * | om the City's Strategic Community Plan |
|---|---|
| □ Actively support and develop thriving local businesses and centres □ Build a strong sense of community health, | local places and areas |
| wellbeing and safety At least 1 choice must be selected. | resources |
| Please explain how your event supports | these Objectives. * |
| | |
| Word count: Must be no more than 250 words. | |
| Please provide a short summary of your deliver this event. (Can it be achieved ar | |
| | |
| Word count: Must be no more than 250 words. | |
| Please describe how your Event will have broader community, both during and after | |
| | |
| Word count: | |
| Must be no more than 500 words. Address community need and sustainability | |
| | |
| Please explain how your Event encourage building? * | es community participation and capacity |
| | |
| Word count: Must be no more than 200 words. | |
| Event Outcomes | |

Please summarise in bullet points your events key outcomes. *

| Expenditure Item | \$ amount of item | Income Source | \$ amount of item | Quotes for items over |
|---|---|--|-------------------|---|
| Budget | | | | |
| | - | budget item in the I catering, consumat | • | enditure columns, e.g. |
| All amounts shoul | | | | |
| Organisation's fur | nds. | er sources of income | e, which could in | nclude your own |
| Include details of not. | other funding tha | t you have applied f | or, whether it h | as been confirmed or |
| Please provide a obelow and/or uplo | | | the income an | id expenditure tables |
| * indicates a requ | ired field | | | |
| Budget | | | | |
| □ Number of atte □ Number of par □ Number of volu Evaluation is require questionnaires: Fee website traffic, atte organise focus grou | n to assess and endees Sticipants Sunteers Med to provide detail dback from stakehondance records; Quips to gather in-deposits: compare data fr | social media engage furvey feedback Media releases s of the event impact of the organism or alitative interviews or the insights and stories | ment | ive community impact r Surveys or antitative data analysis: |
| _ | ow if you have a | achieved your eve | nt outcomes. | * |
| | | | | |
| | | | | |
| | | | | |

Income source for

this expenditure item. e.g. City of Swan, Applicant or Partner contribution \$1000

Swan Events Sponsorship 2023/24

Form Preview

| \$ | \$ | |
|----|----|--|
| \$ | \$ | |
| \$ | \$ | |

| Total Expenditure Amount | Total Income Amount | Income - Expenditure |
|---|---|--|
| \$ | \$ | \$ |
| This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. This needs to balance zero |
| Please attach your eve Attach a file: | nt budget worksheet (optic | onal) |
| | | |
| | | |
| | | |
| | | |
| Confirm the amount yo | ou requesting from the City | of Swan? * |
| | ou requesting from the City | of Swan? * |
| \$ | ou requesting from the City | of Swan? * |
| \$ | ou requesting from the City | of Swan? * |
| Must be a dollar amount. | | |
| Must be a dollar amount. Please list which expe | ou requesting from the City | |
| Must be a dollar amount. Please list which expe | | |
| \$ Must be a dollar amount. Please list which expe | | |
| Must be a dollar amount. Please list which expense specifically used for. | | |
| Must be a dollar amount. Please list which expense specifically used for. Word count: | nditure items the City of Sw | |
| Must be a dollar amount. Please list which expense specifically used for. Word count: Must be no more than 100 w | nditure items the City of Sw | |
| Must be a dollar amount. Please list which expense specifically used for. Word count: Must be no more than 100 w | nditure items the City of Sw | |
| \$ Must be a dollar amount. | nditure items the City of Sw vords. ing, first aid, entertainment | |

Please identify the estimated dollar value of your Organisation's in-kind event support. In-kind support refers to any non-cash project contributions such as free venue hire, donated materials or volunteer time from yours or partner Organisations. For example: One volunteer event staff working 14hrs x \$30hrs equals an in-kind value of \$420.00

| In-kind Contribution | \$ |
|----------------------|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

In-Kind Contributions Totals

| Total | In-Kind | Income | Amoun | it |
|-------|---------|--------|-------|----|
|-------|---------|--------|-------|----|

\$

This number/amount is calculated.

Supporting Documentation

* indicates a required field

| ALL APPLICANTS Please attach copy of y | our organisation's Public Liability |
|--|--|
| Certificate of Currency * Attach a file: | , |
| Attach a file: | |
| Public Liability Insurance coverage up to \$20 million | on |
| Does your project include child-related ∨ Yes | work? * O No |
| If so please upload copies of WWC card Attach a file: | |
| | |
| Please attach your most recent audited Attach a file: | financial statement (Level 3 only) |
| | |
| A maximum of 1 file may be attached. | |
| Please attach your Event Management Fevent) | Plan (relative to the size and nature of the |
| Attach a file: | |
| | |
| the event) | rategy (relative to the size and nature of |
| Attach a file: | |
| | |
| Would you like to share additional informatters of support, plans, reports etc. Attach a file: | mation to support your application? e.g. |
| | |
| A maximum of 5 files may be attached. | |
| | |

Have you read the Public Events Guidelines and completed the application? See the City of Swan <u>Organising a Public Event webpage</u>.

Filling out this application does not ensure the booking of any City of Swan venues or Public Event Approval, please complete your booking/event request before submitting this application.

Declaration

* indicates a required field

This application must be made by an authorised person on behalf of the Applicant Organisation.

I certify that the statements made below and within this application are true and correct, and I understand that we are required to use the funding for the budget items indicated. I further understand and accept that by submitting this application I:

- Will be required to provide evidence of the event's acknowledgement of the City's support, e.g. screenshots of social media posts, announcements, newsletters with appropriate use of the City's logo.
- Understand any changes to a successful sponsorship require prior approval from the City by contacting the Community Grants Team on 9207 8693 or communitygrants@swan.wa.gov.au.
- Will need to provide a full acquittal which provides full evidence of event expenditure and the events achievements within three months of the Event. This acquittal will need to include copies of receipts.
- Will be responsible for consequences of non-acquittal as outlined in the Resource Guide.
- Give permission to the City of Swan to contact any persons or Organisations in the assessment or review of this application and understand that information may be provided to other agencies as appropriate.
- Give permission to the City of Swan to use Organisation and Event details and/or imagery for listing on a Public Reporting Platform (only non confidential under Privacy Act 1988).

| l agree * ○ Yes | • | | ○ No |
|------------------|-------------------------------|--------|------|
| | authorised pers First Name | | |
| Position | * | | |
| Phone N | umber * | | |
| Must be ar | n Australian phone n | umber. | |
| Must be ar | n email address. | | |

Good News Stories

The City would love to run a story about your experience on our Website and or our Social Media pages. We would love to hear about your experiences so please send in photo's and a short story about your experience to communitygrants@swan.wa.gov.au.