#### **EVENT SPONSORSHIP 2024-2025**

\* 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 <a href="mailto:communitygrants@swan.wa.gov.au">communitygrants@swan.wa.gov.au</a> as they are ready to help you.

Please allow at least 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 <sup>9</sup> 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				
If you answered NO to any above eligibility questions you may not be eligible for a Swan Event Sponsorship. Please contact the Community Grants Team on (08) 9207 8693 before proceeding with this application.				
Applicant Details				
* indicates a required field				
Privacy Notice The City of Swan pledges 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 <a href="https://www.swan.wa.gov.au/General/Legal/Privacy-Statement">https://www.swan.wa.gov.au/General/Legal/Privacy-Statement</a>				
Applicant Name *  ○ Individual ○ Organisation  Organisation Name				
Tible First Name Last Name				
Title First Name Last Name				
Organisation Contact Person *				

Organisation Contact Person \*
Title First Name Last Name

This is the person best placed to discuss the event

Position held in Organisation \*

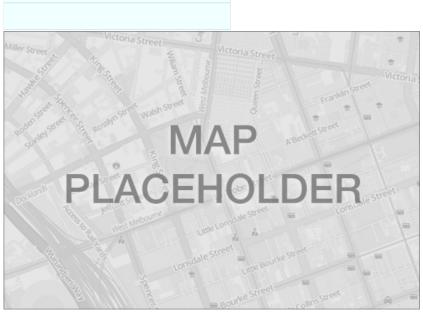
Contact Person Phone Number \*

Must be an Australian phone number.

Contact Person Email \*

Must be an email address.

Applicant Primary Address \*
Address



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.

Organisation Website			
M. I.I.			
Must be a URL.  Does your organisation have a	website?		
Please upload your organ	nisation's Certif	icate of Incorporatio	n (If Incorporated)
Attach a file.			
<b>Do you require an Auspic</b> O Yes  Please read the Resource Guide	_	○ No	
Auspice Details			
<b>Auspice Organisation</b> Organisation Name			
<b>J</b>			
Auspice Organisation Cor Title First Name	ntact Name Last Name		
Auspice ABN			
The ABN provided will be use check that you have entered			Click Lookup above to
Information from the Australian	n Business Registe	r	
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More inform	<u>ation</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			ı
Auspice Primary Address Address			

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?  ○ Yes  ○ No

### **Event Information** \* indicates a required field **Event Title \* Event Start Date \*** Must be a date. Sponsorship will not be provided restrospectively for events that have already ocuurred. **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? \* Yes $\bigcirc$ 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 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.

What is the expected event participation/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, Vulnerable 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 the 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

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? \*

- Level 1 Up to \$5,000
- O Level 2 Between \$5,000 and \$10,000
- 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 from the City's Strategic Community Plan, with which your event aligns. *  ☐ Actively support and develop thriving local ☐ Build social inclusion and connectivity in businesses and centres ☐ local places and areas ☐ Build a strong sense of community health, ☐ Sustainable and optimal use of City wellbeing and safety resources  At least 1 choice must be selected.
Please explain how your event supports these Objectives. *
Word count: Must be no more than 250 words.
Please provide a short summary of your Organisation's planning and capacity to deliver this event. (Can it be achieved and how?) $\ast$
Word count: Must be no more than 250 words.
Please describe how your Event will have a positive benefit to the local and broader community, both during and after it is completed. *
Word count: Must be no more than 500 words. Address community need and sustainability
Please explain how your Event encourages community participation and capacity building? *
Word count: Must be no more than 200 words.
Event Outcomes

Please summarise in bullet points your events key outcomes. \*

How will you kno	ow if you have a	achieved your eve	nt outcomes. *	<b>k</b>
Word count: Must be no more tha	ın 250 words.			
□ Number of atte □ Number of part □ Number of volu Evaluation is require questionnaires: Feed website traffic, atten organise focus group	ndees	Media releases s of the event impact in olders, participants or b alitative interviews or f th insights and stories	ment	publicity ye community impact Gurveys or ntitative data analysis: duct interviews or
Budget				
* indicates a requi	red field			
Please provide a d below and/or uploa		udget by completing et worksheet.	the income and	d expenditure tables
Include details of onot.	other funding tha	t you have applied fo	or, whether it ha	as been confirmed or
It is encouraged the Organisation's fundamental		er sources of income,	, which could in	clude your own
All amounts should	d be <b>GST exclus</b>	ive.		
		budget item in the Ir catering, consumabl		enditure columns, e.g.
Budget				
Expenditure Item	\$ amount of item		\$ amount of item	Quotes for items over \$1000
		Income source for this expenditure item. e.g. City of Swan, Applicant or Partner contribution		

### Event Sponsorship 2024-2025

Form Preview

\$	\$	
\$	\$	
\$	\$	

<u> </u> ⊅			₽	
Budget Totals				
Total Expenditure Amount	Total Incor	ne Amount	Income -	Expenditure
\$	\$		\$	
This number/amount is	This nur	nber/amount is	This nu	mber/amount is
calculated.	calculat	ed.	calcula	
			This ne	eds to balance zero
<b>Please attach your evo</b> Attach a file:	ent budget v	vorksheet (op	otional)	
	_			
Confirm the amount ye	ou requestir	ig from the C	ity of Swan? *	
\$				
Must be a dollar amount.				
Please list which expe	nditure iten	s the City of	Swan Sponso	rship will be
specifically used for.				•
, , , , , , , , , , , , , , , , , , , ,				
Word count:				
Must be no more than 100 v				
e.g. equipment hire, market	ting, first aid, e	ntertainment		

#### In-Kind Contributions

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  $14 \text{hrs} \times 30 \text{hrs}$  equals an in-kind value of 420.00

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

#### In-Kind Contributions Totals

Total	In-Kind	Income	Amoun	it
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\$

This number/amount is calculated.

#### **Supporting Documentation**

\* indicates a required field

ALL APPLICANTS Please attach copy of your Certificate of Currency * Attach a file:	our organisation's Public Liability
Public Liability Insurance coverage up to \$20 millio	n
<b>Does your project include child-related w</b> ○ Yes	vork? *  O No
If so please upload copies of WWC card Attach a file:	
Please attach your most recent audited f Attach a file:	inancial statement (Level 3 only)
A maximum of 1 file may be attached.	
Please attach your Event Management Plevent) Attach a file:	lan (relative to the size and nature of the
Please attach your Risk Management Str the event) Attach a file:	ategy (relative to the size and nature of
Would you like to share additional inform letters of support, plans, reports etc. Attach a file:	nation to support your application? e.g.
A maximum of 5 files may be attached.	nos and completed the application? See

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).

I agree *  O Yes			0	No
	authorised pers First Name			
Position	*			
Phone N	umber *			
Must be ar	n Australian phone r	number.		
Email *				
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 <a href="mailto:communitygrants@swan.wa.gov.au">communitygrants@swan.wa.gov.au</a>.