ELIGIBILITY

* indicates a required field

Important Information

Before applying, please:

- Preview the Application Form, so you can gather all information needed;
- Contact the Community Development area on **(08) 9411 3444** during business hours or email **commdev@cockburn.wa.gov.au** to determine your eligibility, ensure you are applying under the correct category, and to answer any questions.

Incomplete applications will not be considered.

The following sections MUST be completed by the Applicant Organisation. This page of the form is designed to help you, and us, understand if you are eligible for Small Event Sponsorship funding. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for unsuitable funding.

Community Development Contact

Did you contact a C your potential appl		Community Developm	ent Officer to discuss
○ YES		○ NO	
Name of Communit	y Development	Officer *	
Date of contact *			
Method of contact	k		
Phone	○ Email	In person	Other:
Eligibility Question	ons		
Is your organisation O YES	n a not-for-prof	it entity? *	
•	le for Small Events	0 110	your organisation not-for-profit?
Is your organisation	n an incorporat	ed legal entity OR are	you being auspiced by an
incorporated organ	isation? *	a NO	
O YES If YES, you must supply	a conv of the organ	○ NO nisation's Certificate of Incor	noration (if you haven't
			rship. You may only apply for

funding through an organisation or auspicing body that is an incorporated, not-for-profit organisation. The auspicing body receives funding on behalf of the applicant organisation, and is ultimately responsible for ensuring the funded event is completed and the funding is acquitted.

	Cockburn OR primarily providing service hold an event in Cockburn that will benef	
O YES If NO, you are not eligible for Small Events Sponso	O NO prship.	
Is your organisation or auspicing organis O YES Applicants must provide a recent bank statement	○ NO	
	ty to undertake all the required planning ses, marketing and promotion to ensure O NO nunity Events for additional information and	
Does your organisation have appropriate O YES O NO For example: volunteers, public liability.	e insurance for this event? * O Not applicable	
If your organisation is a school, P&C or I following additional criteria:	P&F association, you must satisfy the	
 There is an identified community need f The event is accessible to the wider Cock You are able to provide at least 50% or n contribution to the event. 	kburn community outside of school hours.	
If your organisation is a school, P&C or I above additional criteria? *	P&F association, can you satisfy all of the	е
O YES O NO If NO, you are not eligible for Small Events Sponso	Not applicable orship.	
If you answered NO to any of the above eligible for funding and should contact 0 3444 before proceeding with this applica	Community Development on (08) 9411	
Previous Funding		
Has your organisation previously received YES, this financial year YES, in previously received funding in this financial year, 3444 to confirm your eligibility before proceeding	vious years O NO contact Community Development on (08) 9411	
If you have received previous funding fr details of your most recent successful a	om the City of Cockburn, please provide pplication	

Please include approximate date, category of funding, project title and amount.

*	nave any outsta	anding city of coc	Rbuill acquittal reports:
	Acquitted means yo	are eligible to apply prou	Not applicable rovided all previous funding has tailed report of how the funding media, using the appropriate
APPLICANT DETAILS	S		
* indicates a required field			
Applicant Organisati	on Details		
Applicant organisation Organisation Name	name *		
Describe your organisat	tion and its purp	oose *	
Word count: Must be no more than 200 wo	ords.		
Street Address * Address			
Address Line 1, Suburb/Town, Australia	State/Province, Pos	stcode, and Country a	e required. Country must be
Postal Address * Address			
Address Line 1, Suburb/Town,	State/Province, Pos	stcode, and Country a	e required.
Organisation phone nur	mber *		
Must be an Australian phone Must include area code.	number.		
Organisation primary e	mail *		
Must be an email address.			

Applica	nt Organisati	on Contact Pei	rson	
Contact Title	name * First Name	Last Name		
Position	held in organis	ation *		
Contact	phone number	*		
	n Australian phone de area code.	number.		
Contact	email *			
	n email address. address we will use	e to correspond with	you about this application	ı.
○ YES	organisation inc	orporated? * spice Organisation D	O NO Details.	
O YES If you do r application	not have an ABN, plan; if this form is not	ease complete and s	Australian Business N O NO ubmit a Statement by a S ralian Taxation Office will here.	upplier Form with your
Please u Attach a		anisation's Certif	icate of Incorporatio	n *
Max 25mb)			
Applicar	nt Organisation	ABN *		
		sed to look up the ed the ABN correct	following information.	Click Lookup above to
		an Business Register		[
ABN				
Entity nar	me			
ABN statu	IS			
Entity typ	е			

| Goods & Services Tax (GST)

Organisation primary email *

DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		I
Please upload your completed Attach a file:	d Statement by a Supplier Form	l *
Max 25mb		
ALICOLOG DETAIL C		
AUSPICE DETAILS		
* indicates a required field		
Auspice Organisation Det	ails	
A		
Auspice organisation name * Organisation Name		
Church Addus *		
Street Address * Address		
Address Line 1, Suburb/Town, State/I Australia	Province, Postcode, and Country are re	quired. Country must be
Postal Address *		
Address		
Address Line 1 Suburb/Town State/	Province, Postcode, and Country are re	quired Country must be
Australia	Tovince, Foscode, and Country are re	quired. Country must be
Organisation phone number *	:	
9		
Must be an Australian phone number Must include area code.	·.	

Must be a	n email address.		
Auspic	e Organisatior	Contact Pers	on
Contact Title	name * First Name	Last Name	
Position	held in organis	ation *	
Contact	phone number *	:	
	n Australian phone r ide area code.	lumber.	
Contact	email *		
Must be a	n email address.		
ls vour	organisation inco	ornorated? *	
YES	_	-	O NO
-	are not eligible to a		
Does yo ○ YES	ur organisation	have an ABN? (A	Australian Business Number) * O NO
			ubmit a Statement by a Supplier Form with your ralian Taxation Office will require 48.5% of an
approved	grant to be withheld	. Download the forr	n <u>here</u> .
.			
Attach a		ce Organisation	's Certificate of Incorporation *
Max 25mb	0		
	pice arrangemen		spice Organisation office bearer verifying
, tetacii u			
			reasurer. Letter must include name, position, is valid and current. Max 25mb

Auspice Organisation ABN *

	to look up the following information. Click Lookup above to
check that you have entered th	-
Information from the Australian B	usiness Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST) DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	More information
Tax Concessions	
Main business location	
Must be an ABN	
Mast be all Abit	
Please upload your complet Attach a file:	ed Statement by a Supplier Form *
A COUNTY OF THE	
Max 25mb	
EVENT DETAILS	
LVLINI DLIAILS	
* indicates a required field	
Event Title *	
Timing and Location	
Tilling and Location	
Event Date *	
Funding will not be provided retros within two months of lodging this a	spectively for events that have already occurred, or due to occur application.
Where will the event take p	lace? *
where will the event take p	iace:
Please detail all locations if being l	neld at multiple venues.

Has the venue(s) been confirmed?

○ YES	○ NO	O No	ot applicable
Project Details and Ber	nefits		
Event description (What a	re you planning?) *		
Word count: Must be no more than 200 words Describe your proposed event an		eve.	
Event rationale (Why are	you doing it?) *		
Word count: Must be no more than 200 words Describe the issue or needs that			
Please indicate which the	me/s your project m	eets from the	City's Strategic
Community Plan * O Local economy – a sustain		l economy that a	attracts increased
investment and provides locaEnvironmental Responsib	ility - a leader in envir		gement that enhances
and sustainably manages ourCommunity, Lifestyle and			clusive and connected
communityCity Growth and Moving A	Around – a growing City	y that is easy to	move around and
provides great places to live Listening and Leading – a	community focused, s	sustainable, acco	ountable and progressive
organisation For more information or a furthe Cockburn Strategic Community F		es into objectives	, please refer to the <u>City of</u>
What are the planned acti How?) *	vities? How will you	achieve the e	event aims? (What?
Word count:			
Must be no more than 200 words Describe your event planning, lis meet your aims.		hat will take place	e to carry out your event and
Who will benefit from the	event? (Who? How	many?) *	
Word count: Must be no more than 200 words			

Describe how the Cockburn community will benefit.

Community Support

List the organisations and Cockburn community members that support your event *
Word count: Must be no more than 100 words.
Letters of support or referees Attach a file:
Letters of support will strongly assist your application. They are written by another organisation or individuals telling of the positive impact of your organisation, and how or why they support you and/or this event. They must be printed on the supporter's letterhead and be signed by the Chair, President or CEO. Max 25mb
Promotion and Acknowledgement
How will your event be promoted? How will you encourage attendance? *
Word count: Must be no more than 150 words. Describe types of media or other means to be used, and ways the event will be promoted and participants reached.
How will the City of Cockburn's support be recognised? *
Word count: Must be no more than 150 words. Describe the ways support received will be acknowledged.
BUDGET AND FINANCIAL DETAILS
* indicates a required field
Financial Details
Total event cost * \$ What is the total budgeted cost of your event?
Sponsorship amount requested *

What is the total financial support you are requesting from the City of Cockburn in this application? Max. \$3,000.

Please note:

Requests for Small Events Sponsorship are to a maximum of \$3,000.

Applicants who are able to contribute toward the event in cash or in-kind will be considered favourably.

There are also funding caps for Christmas Carols or equivalent annual community events to a maximum of \$3,000, which also applies under the Community Grants category.

Budget Information

Outline your event budget including details of other funding that has been confirmed and/ or applied for. Clear item descriptions must be given (e.g. equipment hire, venue hire, advertising, etc.)

The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**).

All figures are GST exclusive.

Please note:

- 1) INCOME must include:
 - all fees being charged for the event.
 - all funding received or pledged. Please note: schools, P&C and P&F associations must contribute at least 50% or more of the financial contribution to the event.
 - in-kind contributions. These are donations of goods/materials and services that have a value; these may include a venue, materials donated and volunteer staff time. Please calculate volunteer labour at \$25/hour.
- 2) EXPENDITURE must include:
 - purchase of non-consumable and consumable items
 - equipment or venue hire
 - advertising
 - in-kind expenses (for goods, materials and services). Please calculate volunteer labour at \$25/hour.
- 3) DO NOT add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.
- 4) Funds will not be provided for consumables or personal items unless the applicant can demonstrate that the general community will benefit from their provision, however, may be included as part of your event budget if they are funded by other sources of income. E.g. Catering is not eligible for funding however would be included in your total budget.
- 5) Two quotes must be provided for each expense (except in-kind) greater than \$500. Quotes must include the supplier's name, address, phone number and ABN, and indicate whether GST is applicable.
- 6) Confirmed funding means approval has been given and you can provide written proof upon request that the allocated funding or in-kind contribution has been guaranteed.
- 7) Here is a sample budget to view.

Income

Income Description Confirmed funding? Income Amount (\$) Comments

City of Cockburn Sponsorship	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Expenditure

Please note that all items/services from the same supplier totalling over \$500 will require two quotes to be provided with the application.

Expenditure Description Expenditure Amount (\$) Calculations e.g. 3x \$40 tres

	e.g. 3x \$40 trestle tables
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

Budget Totals

T	ota	ı		-	_	Λ	-	_		-	
	ota	ın	CO	m	e	Д	m	n	u	n	I

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Do your budget totals balance i.e. does the Income Amount total equal the Expenditure Amount total? *

○ YES

 \bigcirc NO

If NO, please review your budget table before submitting.

Expenses

Did you have any expenses from the same supplier listed in your budget that cost

Max 25mb If applicable to your event, please uploa	d Public Liability Certificate of Currency
Max 25mb	
If applicable, please upload proof of oth offer or confirmation from other funding Attach a file:	er financial contributions (e.g. letters of contributors)
Attachments	
Max 25mb per file attachment. Recommended no	more than 5mb per attachment.
Attach a me.	
Please upload two (2) written quotes for same supplier totalling over \$500 * Attach a file:	r all expenditure (cost) items from the
Quotes	
For any expenses over \$500 you will be directed to	o attach two written quotes for each item.
O YES	\circ NO

CERTIFICATION AND SUBMISSION

* indicates a required field

This MUST be completed by an appropriately authorised person (e.g. office bearer such as Chair, President, CEO or authorised officer) on behalf of the applicant organisation, and, if applicable, the auspice organisation. This person may be different to the contact person listed earlier in the application.

Certification

- I am authorised by my organisation to complete and submit this application form.
- I certify that to the best of my knowledge all of the information supplied in this application and attachments is true and correct.
- I will notify the City of Cockburn of any change to the information supplied and any other information or circumstances arising that may affect this application.
- I understand that this is an application only and may not necessarily result in funding approval.

- I give permission for the City of Cockburn to contact any person or organisation required during the assessment of the application and understand that information may be provided to other agencies, as appropriate.
- I understand that any decision made by the City of Cockburn is final and is not subject to an appeals process.

I understand that if the City of Cockburn approves funding:

- I will be bound by the contents of this application to carry out the event as described in this application, which will form part of the contractual agreement with the City.
- I will be required to accept the conditions of funding in accordance with City requirements, noting that the event cannot be used for political and personal gain including promotion or endorsement of any political candidates (Federal, State and Local)
- I will be required to comply with the City's <u>Wastewise Event Policy</u> and complete a Accessible Events Checklist in relation to the funded project.

If successful:

- All necessary permits and approvals will be obtained prior to the beginning of the event.
- The event will be covered by appropriate insurance.
- All relevant health and safety standards will be met.
- The City of Cockburn does not accept any liability or responsibility for the event.
- I will ensure that acquittal requirements are met within 30 days of the nominated event completion date.

Please fill in your details below as your endorsement of this application and the statements above.

○ Yes			
	sed Person Nam		
Title	First Name	Last Name	
Position	ı *		
Phone I	Number *		
	n Australian phone ude area code.	number.	
Date *			

I have read and agree to the above certification statements *

Certification by Auspice Organisation

I have read and agree to the above certification statements *

O res			
	sed Person Nar First Name		
Position	*		
Phone N	umber *		
	n Australian phone de area code.	e number.	
Date *			

Privacy Notice

The City of Cockburn will use any information provided for the purpose of processing your application and for remaining in contact with you.

Please note the information provided in your application and any related documentation/ discussions may be provided to members of the assessment panel in order to assist the City of Cockburn in processing your application.

By submitting an application you consent to the City of Cockburn publishing the applicant's name, project description and amount funded in promotional material used for promoting the Cockburn Community Fund.

The City of Cockburn values the privacy of its customers and stakeholders. Please <u>click here</u> for further information on our privacy statement.