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

your potential app	•	Community Developm	ent Officer to discuss
○ YES		O NO	
Name of Communi	ty Development	Officer *	
Date of contact *			
Method of contact	*		
Phone	○ Email	○ In person	Other:
Eligibility Questi	ons		
Is your organisatio	n a not-for-prof	it entity? *	
○ YES	-	○ NO	
If NO, you are not eligib	ole for Small Events	Sponsorship. Check here: <u>is</u>	your organisation not-for-profit?
Is your organisatio	n an incorporat	ed legal entity OR are y	you being auspiced by an
incorporated organ	nisation? *		
O YES	6.11	O NO	
		nisation's Certificate of Incorpible for Small Events Sponso	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.

in the City of Cockburn, A the Cockburn community	ND looking to I	Cockburn OR primarily providing services nold an event in Cockburn that will benefit
YES If NO, you are not eligible for Sn	mall Events Sponso	○ NO rship.
bookings, permits and ap the success of your event • YES	provals proces t? *	ty to undertake all the required planning, ses, marketing and promotion to ensure O NO nunity Events for additional information and
Does your organisation has ○ YES For example: volunteers, public	○ NO	e insurance for this event? * O Not applicable
If your organisation is a s following additional criter		P&F association, you must satisfy the
	to the wider Cock at least 50% or n	or the event. kburn community outside of school hours. nore either as an in-kind or financial
If your organisation is a sabove additional criteria?		P&F association, can you satisfy all of the
O YES If NO, you are not eligible for Sn	\circ NO	Not applicable rship.
	hould contact (eligibility questions, you may not be Community Development on (08) 9411 ation.
Previous Funding		
 YES, this financial year 	 YES, in prevented this financial year, 	contact Community Development on (08) 9411
If you have received prev details of your most received		om the City of Cockburn, please provide pplication
Please include approximate date	e, category of fund	ing, project title and amount.
Does your organisation ha	ave any outsta	nding City of Cockburn acquittal reports?
O YES	○ NO	Not applicable

Applicants that have been successful previously are eligible to apply provided all previous funding has been satisfactorily acquitted. Acquitted means you have provided a detailed report of how the funding was used, including providing receipts and evidence such as photos or media, using the appropriate Acquittal Form.

APPLICANT DETAILS	
* indicates a required field	
Applicant Organisation Details	5
Applicant organisation name * Organisation Name	
Describe your organisation and its	purpose *
Word count: Must be no more than 200 words.	
Street Address * Address	
Address Line 1, Suburb/Town, State/Proving Australia	ce, Postcode, and Country are required. Country must be
Postal Address * Address	
Address Line 1, Suburb/Town, State/Proving	ce, Postcode, and Country are required.
Organisation phone number *	
Must be an Australian phone number. Must include area code.	
Organisation primary email *	
Must be an email address.	

Applicant Organisation Contact Person

Contact name *

Position held in organisation * Contact Mobile Phone Number Must be an Australian phone number. Contact email * Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * O YES O NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Title	First Name	Last Name		
Contact Mobile Phone Number Must be an Australian phone number. Contact email * Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * ○ YES ○ NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * ○ YES ○ NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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					
Contact Mobile Phone Number Must be an Australian phone number. Contact email * Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * ○ YES ○ NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * ○ YES ○ NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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			_		
Must be an Australian phone number. Contact email * Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * O YES O NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/ forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Position	held in organisa	ation *		
Must be an Australian phone number. Contact email * Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * O YES O NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/ forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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					
Must be an Australian phone number. Contact email * Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * O YES O NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Contact	Mobile Phone N	umber		
Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * O YES O NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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					
Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * O YES O NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Must be a	n Australian phone r	number.		
Must be an email address. This is the address we will use to correspond with you about this application. Is your organisation incorporated? * O YES O NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	C	!! #			
This is the address we will use to correspond with you about this application. Is your organisation incorporated? * YES NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * YES NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Contact	emaii *			
This is the address we will use to correspond with you about this application. Is your organisation incorporated? * YES NO If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * YES NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Must be a	n email address			
O YES If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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			to correspond with	you about this application	٦.
O YES If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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					
O YES If NO, you must fill out the Auspice Organisation Details. Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Is your	organisation inc	ornorated? *		
Does your organisation have an ABN? (Australian Business Number) * O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	○ YES	_	-	•	
O YES O NO If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	If NO, you	ı must fill out the Aus	spice Organisation [Details.	
If you do not have an ABN, please complete and submit a Statement by a Supplier Form with your application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	Does yo	ur organisation	have an ABN? (A	Australian Business N	lumber) *
application; if this form is not submitted, the Australian Taxation Office will require 48.5% of an approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	○ YES	_		\bigcirc NO	
approved grant to be withheld. For further information and the form go to https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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					
Please upload your organisation's Certificate of Incorporation * Attach a file: Max 25mb Applicant Organisation 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	approved	grant to be withheld	l. For further inform	ation and the form go to <u>h</u>	
Attach a file: Max 25mb Applicant Organisation 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	torms-and	d-instructions/statem	ent-by-supplier-not-	<u>-quoting-an-abn</u>	
Attach a file: Max 25mb Applicant Organisation 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					
Applicant Organisation 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			nisation's Certif	ficate of Incorporatio	n *
Applicant Organisation 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	Attach a	nie:			
Applicant Organisation 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	May 25ml	h			
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	Max 25IIII	5			
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					
Information from the Australian Business Register ABN Entity name	Applica	nt Organisation <i>I</i>	ABN *		
check that you have entered the ABN correctly. Information from the Australian Business Register ABN Entity name					
Information from the Australian Business Register ABN Entity name					Click Lookup above to
ABN Entity name					
Entity name		on nom the Adstrain	an business registe		
		me			
	· ·				
Entity type					
Goods & Services Tax (GST)					
DGR Endorsed					

ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		
Please upload your completed Attach a file:	l Statement by a Supplier For	m *
Max 25mb		
AUSPICE DETAILS		
* indicates a required field		
Auspice Organisation Det	ails	
Auspice organisation name * Organisation Name		
Street Address * Address		
Address Line 1, Suburb/Town, State/F Australia	Province, Postcode, and Country are r	equired. Country must be
Postal Address * Address		
Address Line 1, Suburb/Town, State/F Australia	Province, Postcode, and Country are r	equired. Country must be
Organisation phone number *		
organisation phone number		
Must be an Australian phone number Must include area code.		
O		
Organisation primary email *		
Must be an email address.		

Auspice	e Organisation	Contact Pers	on	
Contact Title	name * First Name	Last Name		
Position	held in organisa	ation *		
Contact	Mobile Phone N	umber		
Must be a	n Australian phone n	umber.		
Contact	email *			
Must be a	n email address.			
O YES If NO, you	organisation inco	uspice this applicati		
O YES If you do r application approved	not have an ABN, ple n; if this form is not s	ease complete and s submitted, the Aust . For further inform	Australian Business Nu O NO Submit a Statement by a Superalian Taxation Office will relation and the form go to	

Information from the Australian Bu	ısiness Registe	er		
ABN				
Entity name				
ABN status				
Entity type				
Goods & Services Tax (GST)				
DGR Endorsed				
ATO Charity Type	More inform	<u>nation</u>		
ACNC Registration				
Tax Concessions				
Main business location				
Must be an ABN				
Please upload your complet	ed Stateme	nt by a Supplie	r Forn	า *
Attach a file:				
Max 25mb				
EVENT DETAILS				
* indicates a required field				
maleates a required field				
Event Title *				
Lvent Hite				
Timing and Location				
_				
Event Date *				
Funding will not be provided retros within two months of lodging this a		vents that have alr	eady o	ccurred, or due to occur
Where will the event take p	lace? *			
Please detail all locations if being h	eld at multiple	e venues.		
Has the venue(s) been confi ○ YES	rmed? ⊃ NO		○ No	t applicable
U ILJ) IVO		U NO	с аррисаыс
Project Details and Bene	efits			

Event description (What are you planning?) *
Word count: Must be no more than 200 words. Describe your proposed event and what you aim to achieve.
Event rationale (Why are you doing it?) *
Word count: Must be no more than 200 words. Describe the issue or needs that your event will address.
Please indicate which theme/s your project meets from the City's Strategic
Community Plan * O Local economy – a sustainable and diverse local economy that attracts increased investment and provides local employment
 Environmental Responsibility – a leader in environmental management that enhances and sustainably manages our local natural areas and resources
 Community, Lifestyle and Security – a vibrant, healthy, safe, inclusive and connected community
 City Growth and Moving Around – a growing City that is easy to move around and provides great places to live
 Listening and Leading – a community focused, sustainable, accountable and progressive organisation
For more information or a further breakdown of the themes into objectives, please refer to the <u>City of Cockburn Strategic Community Plan</u>
What are the planned activities? How will you achieve the event aims? (What? How?) *
Word count:
Must be no more than 200 words. Describe your event planning, list the specific activities that will take place to carry out your event and meet your aims.
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 a individuals telling of the positive impact of your organisation, and how or whethis event. They must be printed on the supporter's letterhead and be signed or CEO. Max 25mb	hy they suppo
Promotion and Acknowledgement	
How will your event be promoted? How will you encourage a	ttendance?
Word count: Must be no more than 150 words. Describe types of media or other means to be used, and ways the event wil participants reached.	l be promoted
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	
inancial 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 Cock Max. \$3,000.	ourn in this app

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

Please note:

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 trestle tables
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Budget Totals		
Total Income Amount		
\$		
This number/amount is calculated		
Total Expenditure Amount		
\$		
This number/amount is calculated		
Do your budget totals balanest Expenditure Amount total? O YES If NO, please review your budget to the second se	○ NO	ount total equal the
Expenses		

Did you have ar over \$500? *	ny expenses from the sa	me supplier liste	ed in your	budget that co	st
O YES		\circ NO			
For any ovnonces of	var #EOO var will be directed	to attach two writter	augtes for	aach itam	

For any expenses over \$500 you will be directed to attach two written quotes for each item.

Please upload two (2) written quotes for all expenditure (cost) items from the

Quotes

same supplier totalling over \$500 * Attach a file:	• • •
Max 25mb per file attachment. Recommended no	more than 5mb per attachment
	more than 5mb per attachment.
Attachments	
If applicable, please upload proof of oth offer or confirmation from other funding Attach a file:	er financial contributions (e.g. letters of contributors)
Max 25mb	
If applicable to your event, please uploa Attach a file:	nd Public Liability Certificate of Currency
Max 25mb	

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 <u>Accessible Events Checklist</u> in relation to the funded project.

If successful:

○ Yes

- 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.

I have read and agree to the above certification statements *

- 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.

Authori	sed Person Name	e *	
Title	First Name	Last Name	
Position) *		
Mobile I	Phone Number		
Must be a	n Australian phone r	number.	
D-1- #			
Date *			
Cortific	ation by Ausnica	Organisation	
Certifica	ation by Auspice	Organisation	
l have r ○ Yes	ead and agree to	the above cert	ification statements *
Authori	sed Person Name	e *	
Title	First Name	Last Name	
Position) *		

Contact Number	
Must be an Australian phone 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.