

# Community Event Development Fund 2023/2024 application Form Preview

## Community Event Development Fund

### Introduction

Community events are an important factor in contributing to the Port Stephens cultural identity. They reflect our values, the sense of place and provide a platform for our community to connect and come together.

This funding program will focus on events that create social outcomes for the Port Stephens community. Applications will be assessed on how they bring people together to celebrate, learn, share experiences and grow new opportunities.

### Program Description

This funding stream is designed to support the delivery of events that create social connections, improve the liveability and wellbeing of our residents and contribute to the social and cultural identity of our community.

This support may be financial, strategic or a combination of both. The funding stream is designed as seed funding to start events, provide financial support and ensure the long term sustainability of community based events.

For more information on eligibility and assessment for this fund and for further information for all our grant and sponsorship funds please refer to our [Community Funding Guidelines](#)

PLEASE NOTE: If you are successful in this application you will still need to follow the normal events approval process.

### Key Dates

Applications are open all year round from 28 August 2023 until 30 June 2024.

### Funding available

A total pool of \$30,000 is available though this fund capped at \$3,000 per application.

### Who can apply

- Incorporated, not for profit organisations or charities
- Registered Businesses with ABN
- Sole Traders
- Schools
- Town Teams

## Application Contact Details

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### Applicant Details

Please note: You don't have to answer **both** applicant and organisation details.

If you are applying on behalf of an organisation please include your Title, First name, Last name and position as well as Organisation Details.

**Applicant**

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Applicant Position (if applying on behalf of organisation)**

**Applicant Primary Address**

Address

  

**Applicant Primary Phone Number**

**Applicant Primary Email**

Must be an email address.

### Organisation Details

**Organisation Name**

Organisation Name

**ABN (if applicable)**

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

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ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

## Organisation Primary Address

Address

  

## Organisation Primary Phone Number

Must be an Australian phone number.

## Organisation Primary Email

Must be an email address.

## Organisation Primary Website

Must be a URL.

## Event Description

\* indicates a required field

### Event Description

#### Name of event \*

#### Short event description \*

Provide a short description (100 words recommended) of your event - what are you out to do?

#### Event start date \*

Must be a date.

#### Event end date \*

Must be a date.

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### Event Location

**Where do you plan to hold your event? \***

**What is this space currently used for? \***

**Is the location on public land or privately owned land? \***

- ☐ Public
- ☐ Private

**Do you have landowners consent? \***

- ☐ Yes
- ☐ No

If landowners/council consent has not yet been obtained, this will have to be provided prior to the project starting.

### Event Financial Details

**Funding amount applying for \***

\$

Must be a dollar amount and no more than 3000.

**Has your organisation or group received a Port Stephens Council grant and/or donation within the last 3 years? \***

- ☐ Yes
- ☐ No
- ☐ Unsure

Please note all previous grants must be acquitted prior to allocating further funding

**Has your organization made an application for financial assistance from other bodies for this project/event? \***

- ☐ Yes
- ☐ No

**Please provide details of the funding body, application date and amounts sought and granted**

### Event Alignment

\* indicates a required field

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## Event Alignment to Funding Criteria

**Briefly describe how your event aligns with the purpose of the funding \***

**Who will you be working with and how will this event benefit the community? \***

## Event Details

\* indicates a required field

**Briefly outline what marketing you will undertake to create awareness of this event \***

**What is your target audience for your event? \***

## Supporting Documentation

\* indicates a required field

### Insurance

**Do you have Public Liability Insurance to cover your event? \***

- ☐ Yes  
☐ No

Applicants must supply a Certificate of Currency for a minimum of \$20 million Public Liability Insurance listing Port Stephens Council as an interested party

**Please upload the applicable Public Liability Insurance**

Attach a file:

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### Budget

**If you have a completed budget, please upload below.**

Attach a file:

Include and itemised list all expenditure for event including funds that may not be covered by grant

If you have not attached a budget above, please complete your budget below

Expenditure	\$
Eg- marketing \$200, entertainment \$500, equipment hire \$1000	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### Budget Totals

**Total Expenditure Amount**

\$

This number/amount is calculated.

### Further supporting documentation

**Please upload any further documentation to support your application.**

Attach a file:

Attach a file:

Attach a file:

Attach a file:

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## Organisation Financial Details

\* indicates a required field

### Account Details

**Organisation Account Contact Name \***

**Organisation Account Contact Phone Number \***

Must be an Australian phone number.

**Organisation Account Contact Email \***

Must be an email address.

Please note remittance advice and purchase orders will be sent to this address

**Is this organisation registered for GST \***

- ☐ Yes  
☐ No

## Feedback and Declaration

\* indicates a required field

**Please tell us how you heard about our program? \***

- ☐ Word of mouth - through friends, family or colleagues  
☐ Social Media - Facebook  
☐ Council Website  
☐ Direct Email from Council  
☐ Newspaper  
☐ Radio  
☐ Other:

**How would you rate your experience completing this application form? \***

- ☐ 1                      ☐ 2                      ☐ 3                      ☐ 4                      ☐ 5

1 Very Dissatisfied - 5 Very Satisfied

**Please provide any feedback on the application process**

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### Declaration

- I certify that to the best of my knowledge the statements made in this application are true.
- I certify that I am authorised by my group/organisation to complete this application.
- I understand that if Port Stephens Council approves this application, I will be required to accept the conditions of the funding agreement.
- I consent to the information contained within this application being disclosed to or by Port Stephens Council for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if Port Stephens Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with Port Stephens Council.

**I agree to the above \***

- ☐ Yes  
☐ No

**Authorised person's name \***

**Authorised Position \***

**Reason of disagreement to declaration**