

# Major Event Sponsorship Fund 2023 /2024

## Form Preview

## Major Event Sponsorship Fund

### Introduction

Events help a community to come alive. They provide the opportunity for a destination to showcase its tourism experience, increase economic growth and create a dynamic and vibrant place and build a loyal following and return visitors.

Events are well recognised as drivers of visitation and visitor spend and provide tourism, trade and investment opportunities for Port Stephens Council. Events can also be a driver of infrastructure development through increasing demand and provide an opportunity for Council to reinforce its brand, stimulate the economy and smooth seasonal fluctuations.

### Program Description

The Major Event Sponsorship fund will both attract and support events that align with the vision and values of Port Stephens Council, our residents and businesses and create economic benefit.

The Major Events Sponsorship Fund will support well managed events that attract participants from outside the Port Stephens LGA, increase overnight visitor spend and smooth seasonal tourism fluctuations.

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](#)

### Key Dates

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

### Who Can Apply

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

## Application Contact Details

\* indicates a required field

### Applicant Details

#### **Applicant \***

| Title | First Name | Last Name |
|-------|------------|-----------|
|-------|------------|-----------|

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

**Applicant Primary Address \***

Address

**Applicant Primary Phone Number \***

Must be an Australian 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                                      |                                  |
| ATO Charity Type                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

**Organisation Primary Address \***

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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.

**Describe your organisations previous experience in organising and managing events \***

## 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

Either private landowner consent or Council consent is required. Please note additional approvals may be required eg. event application

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

### Event Financial Details

**Sponsorship funding amount applying for \***

\$

Must be a dollar amount.

**Has your organisation or group received Port Stephens Council sponsorship funding, 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 organisation made an application for financial assistance from other bodies for this event? \***

- ☐ Yes
- ☐ No

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

### Event Alignment

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\* indicates a required field

### Event Alignment to Funding Criteria

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

**How will the event show an incremental increase in visitation and visitor spend in subsequent events? \***

**What branding and marketing opportunities will the event create for Port Stephens in relevant target markets? \***

**How will you measure your achievements? \***

**How does the event align to the actions within the Port Stephens Community and Strategic Plan \***

Click [here](#) to view the Community and Strategic Plan

**Is there anyone else you plan to involve in the project? \***

**Are there any additional approvals that you may need to obtain for this project? \***

- ☐ Yes
- ☐ No
- ☐ Unsure

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**Please list any additional approvals required**

### 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? \***

**Total number of anticipated event participants \***

Include attendees, officials, organisers and volunteers

**From the above number, what is the expected % of participants to be outside the Port Stephens local government area? \***

Must be a number.

**Of those visiting from outside our region for your event, how many accompanying visitors (non-participating) will each event participant on average bring with them? \***

Must be a number.

**Of those visiting our region for your event, how many nights on average will each visitor stay? \***

Must be a number.

**How did you arrive at the estimates above? \***

How will you capture and record the above data for your proposed event? \*

Supporting Documentation

\* indicates a required field

Insurance

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

- ☐ Yes
- ☐ No

Please upload the applicable Public Liability Insurance

Attach a file:

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

Budget Totals

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### Total Expenditure Amount

\$

This number/amount is calculated.

### Event Quotes

**Please upload any written quotes that have been obtained to complete your project. This can include any venue hire, equipment hire, catering etc.**

Attach a file:

Attach a file:

Attach a file:

Attach a file:

### Further supporting documentation

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

Attach a file:

Attach a file:

Attach a file:

Attach a file:

## Organisation Financial Details

\* indicates a required field

### Account Details

**Organisation Account Contact Name \***

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### 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

## Declaration and Feedback

\* 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

### Please provide any feedback on the application process

## 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.

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- 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**