### 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. 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 <a href="Community Funding">Community Funding</a>
<a href="Guidelines">Guidelines</a>

#### **Key Dates**

Applications are open year round from 30 July 2024 to 30 June 2025.

### 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

Applicant Position (if applying on behalf of organisation) *
The second of th
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

Must be an ABN.

DGR Endorsed ATO Charity Type

ACNC Registration
Tax Concessions

Main business location

#### **Organisation Primary Address \***

Goods & Services Tax (GST)

**More information** 

Address		
Organisation Primary Phone N	umber *	
Must be an Australian phone number.		
Organisation Primary Email *		
Must be an email address.		
Organisation Primary Website		
Must be a URL.		
Describe your organisations prevents *	revious experience in organisi	ng and managing
<b>Event Description</b>		
* indicates a required field		
Event Description		
Name of event *		
Short event description *		
Provide a short description (100 words	s recommended) of your event - what	are you out to do?
Event start date *		
Must be a date.		
Event end date *		
Event end date		
Must be a date		

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? *  O Yes  O 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? *  O Yes O No O 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? *  O Yes  O No
Please provide details of the funding body, application date and amounts sought and granted

**Event Alignment** 

* 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 $\mbox{*}$
Click <u>here</u> 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

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 these visiting from sutside our region for your event how many accompanies
Of those visiting from outside our region for your event, how many accomanying 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? *

ove data for your proposed event? *
,
cover your event? *
ility Insurance
upload below
including funds that may not be covered by grant
above, please complete your budget
\$
\$
\$ \$ \$
\$ \$ \$

**Budget Totals** 

<b>Total Expenditure Amount</b>	
\$	
This number/amount is calculated.	
Event Quotes	
Please upload any written quotes that he project. This can include any venue hire,	
Attach a file:	
Attach a file:	
Attach a file:	
Attach a file:	
Actuen a me.	
Further supporting documentation	
11 3	
Please upload any further documentatio	n to support your application.
Attach a file:	
Teter a me	
Attach a file:	
Attach a file:	
Attach a file:	
Attach a me:	

### Organisation Financial Details

\* indicates a required field

**Account Details** 

**Organisation Account Contact Name \*** 

Organisation Accoun	t Contact Phone Nu	mber *	
Must be an Australian pho	one number.		
Organisation Accoun	t Contact Email *		
Must be an email address Please note remittance ad		s will be sent to this add	ress
Is this organisation i  Yes No	registered for GST *		
Declaration and	Feedback		
* indicates a required f	ield		
Please tell us how you  Word of mouth - the Social Media - Face Council Website Direct Email from Conewspaper Radio Other:	rough friends, family o book		
How would you rate  ○ 1 ○ 2	-	npleting this applica ○ 4	ation form? * ○ 5
Please provide any f	eedback on the app	lication process	
Declaration			

#### 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	