

# APPLICATION FOR EVENT SPONSORSHIP

APPENDIX 2 (UP TO \$2,000 CASH)

## APPLICANTS DETAILS

Name of group, organisation, or individual: \_\_\_\_\_

Group Organisation (i.e., Not for profit, Community Group, Sporting club etc): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: M: \_\_\_\_\_ H: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

## YOUR EVENT

Name of Event: \_\_\_\_\_

Goals – Please detail: \_\_\_\_\_

What outcomes do you hope to achieve? Please describe: \_\_\_\_\_

If you are applying for any event, what are the estimated audience numbers? \_\_\_\_\_

Is there a similar event being held on the West Coast? ☐ Yes ☐ No ☐ Unsure

If yes, please explain why your event is needed: \_\_\_\_\_

## RETURN COMPLETED FORM TO:

Growth & Change Department  
P: (03) 6471 4700  
E: [wcc@westcoast.tas.gov.au](mailto:wcc@westcoast.tas.gov.au)  
PO BOX 63, Queenstown TAS 7467  
11 Sticht Street, Queenstown TAS 7467



How will this event benefit the local West Coast Community? Please Detail

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How will this event be measured? How will you know if your event is successful?

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Where will this event be held? (If applicable)

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When will this event be held? Please attach schedule (If applicable)

Start Date:       /      /      End Date:       /      /      

Start Time:       :      End Time:       :      

How will you promote the Council's contribute to your event if your application is successful?

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#### **PLEASE ATTACH**

- Any additional documentation to best describe your application,
- Certificate(s) of Currency (Certificate of Insurance),
- Covid-19 safety plan and general risk plan,
- Attach Council Doc 1 – Booking Confirmation (If applicable),
- Attach Council Doc 2 – Work Order Details (If applicable), and

Any other additional information that would assist Council in assessing your application. Examples may include - Promotional Materials, Letters of Support, Booking Quotations or Other relevant information you believe is important to support your application.

#### **BUDGET WAIVER REQUEST**

Please provide below the amount of In-Kind Assistance requested in this application

\$ \_\_\_\_\_

#### **DETAILS OF FACILITIES AND EQUIPMENT REQUIREMENTS**

As part of Council's responsibility to ensure public spaces and facilities are clean and safe, Council wants to make sure that additional wheelie bins are available and public toilets are well stocked. So that we can provide this service, please complete the following equipment and toilet facilities table:

## USE OF PUBLIC TOILETS

What public toilets do you wish to use (if any):

Location (attach details if required)

Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Start Time: \_\_\_\_\_:\_\_\_\_\_ End Time: \_\_\_\_\_:\_\_\_\_\_

## HIRE OF WASTE AND RECYCLING BINS

Hire of Waste Bin	Quantity:	_____
Hire of Recycling Bin	Quantity:	_____
Hire of Skip Bin	Quantity:	_____

Location of Bins \_\_\_\_\_

Preferred drop-off date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred drop-off time: \_\_\_\_:\_\_\_\_ Preferred collection time: \_\_\_\_:\_\_\_\_

## FEE WAIVER REQUEST FOR VENUE HIRE, WORKS, AND EQUIPMENT

[illegible]

Note: Please attach a copy of costings provided by Council's Booking Department

**DECLARATION**

- 1. I/We understand that this event application is not an automatic approval and is subject to assessment and determination of approval by Council.
- 2. If successful, in my/our application, we agree to provide Council with copies of our promotional materials and ways in which we will promote Council’s contribution.
- 3. If successful in my/our application, we agree to complete an Acquittal Form – Form 7.
- 4. I/We certify that the information provided in this application is correct and I/We have the authority of the group/organisation to make this application.

Full Name \_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

## CHECKLIST

Before you submit your application, please review this checklist – Have you?

- ☐ Completed all sections of the event application
- ☐ Attached – Schedule of event/program/project (If applicable)
- ☐ Attached – Additional Documentation
- ☐ Attached – Certificate(s) of Currency (Certificate of Insurance)
- ☐ Attached – COVID-19 Safety Plan
- ☐ Attached – Risk Management for your event/program/project
- ☐ If applying for In-Kind assistance you have completed the In-Kind General Assistance application (Appendix 5) and attached with this application
- ☐ Attached – Document 1 – Council's Booking Confirmation (If applicable)
- ☐ Attached – Document 2 – Work Order Details (If applicable)
- ☐ Completed and Signed Declaration
- ☐ Attached – Any other supporting documents

As part of receiving financial assistance from Council, you are required to provide us with information on how you spent this money and what the outcomes were for your project/program/event. The outcome of your project/program/event will be shared with the West Coast community. Please submit this form no later than 60 days after the completion of your project/program/event. Failure to submit this form may result in you or your organisation not being able to receive further Council funding.

### RECIPIENT DETAILS

Name of group, organisation, or Individual

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Group Organisation (i.e., Not for profit, Community Group, Sporting club etc):

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Contact person:

Position:

Contact phone(s): M: \_\_\_\_\_ H: \_\_\_\_\_

Email address:

Business address:

Postal address:

### EVENT, PROJECT, OR PROGRAM FEEDBACK

What was your event, project, or program? Please describe

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How many people participated in your event, project, or program? \_\_\_\_\_

What were the outcomes of the event, project, or program? What kind of feedback would you like us to know?

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What were the benefits to the community?

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What worked well?

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What would you do differently?

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In what way did you promote Council's contribution? - Please attach photos (preference is digital photos) and/or promotional material.

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How did you spend the last of the funding that Council gave you? Please attach your budget expenditure details

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**THANK YOU FOR COMPLETING THIS ACQUITTAL FORM**