

COMMUNITY CHRISTMAS EVENT IN-KIND ASSISTANCE

APPENDIX 6

APPLICANT DETAILS

Name of group, organisation or individual:

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

Contact person:

Position:

Contact Number(s):

M: _____ H: _____

Email address:

Business address:

Postal address:

IN-KIND ASSISTANCE REQUIRED

Name of Event:

Goals – Please detail:

Has your group or organisation made an application to Council for a Community Christmas Fund and completed Appendix 4?

☐ Yes ☐ No ☐ Unsure

If yes, please skip to page 3.

What outcomes do you hope to achieve? Please describe:

RETURN COMPLETED FORM TO:

Growth & Change Department

P: (03) 6471 4700

E: wcc@westcoast.tas.gov.au

PO BOX 63, Queenstown TAS 7467

11 Sticht Street, Queenstown TAS 7467



If you are applying for an 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?

How will this event benefit the local West Coast community? Please detail

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

Where will this event be held?

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

Start Date: _____/_____/_____ Finish Date: _____/_____/_____

End Date: _____:_____ Finish Time: _____:_____

How will you promote the Council's contribution to your event, program, or project if your application is successful?

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,
- Council Document 1 – Booking Confirmation (If applicable),
- Council Document 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

Are you intending to make an In-Kind assistance from Council for this event (maximum value of \$1,500 for Christmas In-Kind Assistance support)? If yes, please complete Council's Community Christmas Event In-kind Assistance Application Form – Appendix 6 and attach to this application.

DECLARATION

I/We understand that this Event/Program/Project application is not an automatic approval and is subject to assessment and determination of approval by Council.

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.

If successful in my/our application, we agree to complete an Acquittal Form – Form 7.

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.

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

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

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

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?

What were the benefits to the community?

What worked well?

What would you do differently?

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

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

THANK YOU FOR COMPLETING THIS ACQUITTAL FORM