

APPLICATION FOR COMMUNITY CHRISTMAS EVENT

APPENDIX 4 (UP TO \$500 CASH)

APPLICANTS DETAILS

Name of group/organisation/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 _____

FUNDING REQUESTED

How much money are you applying for? \$ _____

What costs do you expect to have for this event, program, or project? Please list them in the table below:

ITEM	COST

Are you seeking financial support for this event/program/project from another source?

☐ Yes ☐ No ☐ Unsure

If yes, who else have you asked to support you?

Name of funding body: _____

Funding Name: _____

Amount: _____

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 council is only able to meet part of this request, do you wish to continue with the application?

☐ Yes ☐ No ☐ Unsure

Do you have an ABN?

☐ Yes ☐ No ☐ Unsure

If yes, please provide an account name: _____

If no, please provide bank details: BSB _____ Account No. _____

☐ Yes ☐ No ☐ Unsure

DETAILS OF EVENT, PROJECT, OR PROGRAM

Name of event, project, or program: _____

Goals (please detail):

What outcomes do you hope to achieve?

If you are applying for a project or program, what are the estimated audience numbers? _____

Is there a similar project or program being held on the West Coast?

☐ Yes ☐ No ☐ Unsure

If yes, please explain why your project or program is needed:

How will this event, project or program benefit the local West Coast Community? Please detail

How will this event, project or program be measured? How will you know if your event, project, or program is successful?

Where will this event, project or program be held? (If applicable)

When will this project or program be held? Please attach schedule (If applicable)

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

Start Time: _____:_____ Finish Time: _____:_____

How will you promote the Council’s contribution to your project or program

PLEASE ATACH

- 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 apply for In-Kind assistance from Council for this project or program? If yes, please complete the In-Kind General Assistance Application Form (Appendix 5) and attach to the back of this application.

DECLARATION

1. I/We understand that this project or program 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.

Name

Position

SIGANTURE

/

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DATE

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