SECTION 1

* indicates a required field

Application Form - Events and Festivals in Bayside

Complete this application form if you are seeking funding to hold an event or festival within the City of Bayside.

Not-for-profit community groups are eligible to apply for small grants of up to \$1,000 to run events and festivals in Bayside. Applications should identify a need and outline the benefit to the Bayside community.

Council must be acknowledged on all published material related to the grant. A Council logo will be provided to successful applicants for inclusion in all promotional material for the event.

Successful applicants must complete and submit to Council, an online acquittal form, within the current financial year. Applicants that do not submit an acquittal form may not be eligible for future Council grants.

Applicant details

| Organisation * | Organisation Name | | | |
|--------------------------------|-------------------|----------------------------------|-----------------------------------|-------|
| | | | | |
| Organisation contact * | Title The persor | First Name we will speak to reg | Last Name garding this applica | tion. |
| Position Title | | | | |
| Organisation Phone Number * | | | | |
| Organisation Email * | | | | |
| Contact Address * | Address | | | |
| | Suburb | State Postcode | 2 | |
| Website address | | | | |

| Is your organisation an incorporated not for profit * | Yes - Please provide proof by entering an ABN OR by attaching a copy of your Certificate of Incorporation below No - If you intend to proceed you must be supported by an AUSPICE organisation (Incorporated) |
|---|--|
| ABN | |
| | 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 <u>More information</u> |
| | ACNC Registration |
| | Tax Concessions |
| | Main business location |
| | Must be an ABN. |
| Applicant Certificate of Incorporation | Attach a file: |
| | If your organisation doesn't have an ABN but is incorporated, please upload Certificate of Incorporation |
| Auspice Organisation Det | ails |
| For individuals or unincorporated | l organisations requiring an Auspice Organisation |
| Auspice Organisation Organisation Name | |
| | |
| Auspice Organisation Contact | t Name |
| The person we may contact regarding | ng this application |
| Auspice Organisation Address Address | s |
| | |

| Auspice Organisation Phone I | Number | |
|--|--|--------------------------|
| Must be an Australian phone number | | |
| Auspice Organisation ABN | | |
| The ABN provided will be used to check that you have entered the | look up the following information. ABN correctly. | Click Lookup above to |
| Information from the Australian Bus | iness Register | |
| ABN | | |
| Entity name | | |
| ABN status | | |
| Entity type | | |
| Goods & Services Tax (GST) | | |
| DGR Endorsed | | |
| ATO Charity Type | More information | |
| ACNC Registration | | |
| Tax Concessions | | |
| Main business location | | |
| Must be an ABN. | | |
| | from the Auspice Organisation | |
| Attach a file: | | |
| A letter from the Augnice Organisation | an is required indicating their committee | cent to manage the funds |
| for the applicant if they are successf | on is required indicating their commitmul. | ient to manage the funds |
| | | |
| SECTION 2 | | |
| * indicates a required field | | |
| Background and purpose | for grant application | |
| Event name: * | | |
| | Must be no more than 20 words. | |
| Date of event * | | |
| Date of event * | | |
| | Must be a date. | |
| Location: * | | |

Note suburb as well as venue if applicable

| How much grant funding are you applying for? * | \$ Must be a dollar amount |
|--|--|
| Briefly tell us about your intended event. * | |
| | Word count: Please be as concise as possible. Include information on the purpose of the event (eg. build community connections), Must be no more than 200 words. |
| What are the primary areas of focus for this project/program? | No more than 5 choices may be selected. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees) |
| How do you intend to use the grant funds and how will this assist with | |
| the development of your event? * | Word count: Detailed expenses will be outlined on the next page. Must be no more than 200 words |
| What community need will your event address and how have you | |
| identified this need? * | How and why did you decide on the event? How will it benefit the Bayside community? How have you identified the need eg. conslutation with community, local data research. Must be no more than 200 words. |
| Who are the primary beneficiaries of this project/program? | No more than 5 choices may be selected. Please choose only the group/s that are at the very core of this project/program |
| Total expected number of people who will be involved or directly | |
| benefit from this event: | |
| Of this total, how many Bayside residents will be involved or directly | |
| benefit from this event: | |

| How will you ensure | |
|-------------------------|---|
| the safety of children | |
| and young people | |
| throughout the delivery | |
| of your project/program | ? |
| (if applicable) | |

Word count:

Must be no more than 150 words. Bayside City Council has zero-tolerance towards abuse and neglect of children and young people. It is a grant applicant's responsibility to ensure that all employees and volunteers engaged by them to undertake work within their Council funded projects, comply with current legislative requirements and Child Safe standards. https://ccyp.vic.gov.au/child-safe-standards/ If you require assistance with understanding your organisations requirements please contact Bayside's Child Safety Contact Officer on 9599 4387.

Evidence of event/ festival

Attach a file:

Please attach any relevant information pertaining to your event/ festival.

Event Permit

You will require an Event Permit from Council for events that take place on:

- Council owned and/or managed open space where a particular space is booked and reserved:
- on public roadways; and
- private land where public space (roadway, footpath, nature strip or park) is to be used for parking of vehicles, storage of equipment or any other purpose.

Is your event being conducted on the abovementioned areas?

O Yes

 \bigcirc No

Unsure

If **yes** or **unsure**, please contact Bayside City Council to discuss applying for an Event Permit.

For further information please contact Bayside's Events Management team on 03 9599 4687

Insurance

You must have Public Liability Insurance covering the dates of your project to be eligible. Does your organisation (or auspicing organisations) carry Public Liability Insurance cover for the duration of your event? *

- Yes
- O No your application will not be considered eligible for assessment

If yes, please state the amount of cover

| Attach a Certificate of Currer Attach a file: | ncy for your Public Liability Insurance * |
|---|---|
| | |
| | |
| SECTION 3 | |
| * indicates a required field | |
| Other funding | |
| Have you received grant funding from Bayside City Council in the past five years? * | ○ Yes ○ No |
| If yes, please provide details of when and how much. | |
| Have you received funding for this event from any other body? * | ○ Yes○ No |
| If yes, please detail from who and how much? | |
| | Note: Council does not penalise your application for securing other funding. |
| | Expenses |
| | In regards to expenses please consider items required and how the grant money will be used. Please attach copy of quotes and any other documentation. |
| Please attach copy of | Attach a file: |
| expenses and any other documentation | |
| Budget | |
| Please provide details of how the least the amount of the grant be | e grant monies will be spent. The expenditure must total at eing applied for. |
| Expenditure | \$ |
| | \$ |

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

SECTION 4

Grant Payment Documentation

In the case your application is approved, you will need to provide a tax invoice to Bayside City Council. In order to received the approved grant payment promptly, you may select to upload it here OR you may wait until you have received notification of your grant approval status to email it to us.

| Tax Invoice | Attach a file: | |
|-------------|----------------|--|
| | | |

SECTION 5

* indicates a required field

Declaration

Privacy statement

We respect your privacy. We will not sell or give away your personal information. Occasionally we may use your details for our own research purposes or to let you know about other Council information. If you want to see your personal data, modify your details, or if you receive information from us that you do not want in future, please contact the Privacy Officer on 03 9599 4444 or email privacy@bayside.vic.gov.au

Information about all grants awarded by Council will be made available to the public as required by the Local Government (General) Regulations 2015. This will not include any personal information concerning members of the recipient organisations.

Declaration *

 I agree the information in this application and the attachments is, to the best of my knowledge, true and correct. I shall notify Bayside City Council of any changes to this information or circumstances that may affect this

| application. I undertand that this is an application only and |
|---|
| may not necessarily result in funding approval. |

| Name | * |
|------|---|
|------|---|

Submit

Note that when you submit the application you will receive an email confirming your submission with a pdf copy of your application. If you do not receive an email you have not submitted the application. If you have any concerns please contact Bayside's Community and Social Planner on 03 9599 4787, or grants@bayside.vic.gov.au