

COMMUNITY GRANTS PROGRAM: Events Application

The Community Grants Program: Events Fund is open throughout the year

Applications to be forwarded to:

Chief Executive Officer
Regional Council of Goyder
1 Market Square
BURRA SA 5417

Or emailed to: council@goyder.sa.gov.au (Please insert 'Community Grants Program" in the subject line)



Event Funds – Checklist

Before proceeding with your application, please complete this checklist to ensure your eligibility for the Regional Council of Goyder – Community Grants Program

Eligibility Criteria	Checked
Must be an incorporated not-for-profit organisation or group or under the auspice of one	
Must have Public Liability insurance to the minimum of \$10 million dollars	
Group must have an effective management structure to manage financial requirements	
Have previously fulfilled ALL reporting obligations and satisfactorily acquitted any previous grants from the Regional Council of Goyder	

All essential documentation listed below must be submitted with your application. Applications received without this information may be deemed ineligible and not assessed.

Documentation to be submitted with application	Checked
Minutes from Meeting confirming that the applicant, or auspice organisation is aware of the project and has agreed to this application or communication from Chairperson supporting the application.	
A current financial statement detailing at least the last 12 months of financial activities.	
A detailed income and expenditure budget – this in an essential element of your application	
All current quotes for the project	
Copy of Insurance - 'Certificate of Currency'	
Completed Payment request form	



Community Grants Program – EVENTS

Please refer to Community Grants Program 'Guidelines for Applicants' when completing this form.

The Community Event Grant funding is available throughout the year and is presented at the monthly Council meeting for consideration.

Prior to submitting this application, please ensure that you have read the guidelines. If you have any questions, please contact Council's Tourism and Events Manager on 8892 0100 or council@goyder.sa.gov.au.

Please note: If the event is to be held on Council land a special event permit application must be completed and submitted to Council before this application will be considered.

	Contact Details
Name of Applicant (group, organisation)	
Auspice Organisation (If relevant)	
Address (Street or PO Box)	
Contact Person:	
Contact Person Position:	
Contact number:	
Email address:	
Organisation ABN:	
GST Registered:	YES / NO
If registered, do you consent for Council to raise a Recipient created tax Invoice on behalf of	
the organisation?	YES / NO

1.	Name of Event:
2.	Date/s of Event:
3.	Event Venue/s:
4.	What best describes you: Incorporated Community Group/ Organisation/ Business/ Other
5.	Community group question only-
	Has this funding application been approved by the organisation at a committee level: YES / NO
	If Yes, Please attach the relevant minutes to the application. If No, Please attach a letter from the Chairperson supporting the application.
6.	Event Description: Please describe your event.
7.	Has the event been held before? YES / NO
	yes where and when and where was it held before?
	you who o and who had know bolore.
lf :	yes, briefly describe the outcomes of the last event held e.g., attendance, community feedback?

8. How often will this event be held: O	NE OFF EVENT / YEARLY / OTHER:
9. How was the need for this event ide	ntified?
10 Who will be responsible for the deliv	very of the event?
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11. How many people are expected to a	ttend the event?
12. Cost of Event and Funding Requestory your amounts.	ed: Please attach a budget to your application. Include GST in all
Total Cost of Event	\$
Amount Requested for this application.	\$
Applicant contribution (cash)	\$
Applicant contribution (in kind)	
E.g., Volunteer hours, materials etc	
Other external funding contributions	\$

13.	Has your event received C	ouncil funding previously?
	Yes (go to question 14) / No	(go to question 15)

1	4. I	f١	∕ou have	received	Council fu	nds i	previously	<i>ı</i> for this	event.	please	answer	the f	folle	ıiwo	na

14.1	When did you receive the funds?											
14.2	How much did you receive?											
14.3	Please explain as to why you are reapplying to Council for funds for this event.											
15 Ca r	n your event proceed if only partial funding is granted by Council- YES / NO											
16 Wh a	at is the entry fee for people to participate or attend the event?											
17 Wh a	at will the grant funds be used for? – provide a brief summary of how the funds will be spent											

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22. Expected outcomes of the event – describe the outcomes you hope to achieve by holding the even
23. Planned evaluation of the project – describe how you will measure the success of your event.
24. Partnerships and collaboration – list any other organisation/ businesses that you will be working collaboratively or in partnership with and how you will be working together.
Please note: Council encourages event organisers to shop local and access local businesses where poss

 (Tick the boxes to acknowledge acceptance of the terms and conditions) □ That Council's logo will be used as part of the promotional material for the event to acknowledge the sponsorship □ That the applicant must keep separate accounts and financial records in relation to expenditure of the allocated funds and will provide Council with reasonable access to those accounts and records upon request. □ That the applicant must disclose to Council the source and amount of any funds or financial assistance received, aside from the allocated funds that it has or will receive from Council, for the purpose of the project/activity. □ That, under Council's Community Grants Policy; the applicant's rights and obligations are not assignable. □ That the Organisation must complete the acquittal and reporting requirements at the end of the project. □ That if the funds are not expended in the manner described in the application, then the Council has the right to recall the debt at any time. 	The applicant understands and acknowledges :	That the allocated funds must be expended only for the purpose of the project/activity as set out in the application and approved by Council.
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Please sign here to agree to all the terms and conditions of the Community Grants Program- EVENTS:

Name :	Signature :
On behalf of :	(community group/organisation)
Position :	Date:

NEED ASSISTANCE?

If you would like to discuss your application prior to submitting, please contact Councils Tourism and Events Manager on 8892 0100 or email council@goyder.sa.gov.au



Community Grants Program – Payment Request Form

Dear Sir/Madam

Re: Electronic Payment of successful Community Grant Funding applications

Council would like to undertake electronic payments for successful Community Grant Funding applications. However, we are asking for your approval to use electronic payments for your account.

Please return this information with the completed application.

Yours faithfully

Barb Button

Community Development Manager

Organisation/Contact Name:	
Postal Address:	
Contact number/s:	
	Yes - we are happy to receive electronic payments from the Regional Council of Goyder; our Bank Account Details are as follows:
	Bank Name:
	Branch Address:
	BSB No: Account Number: Account Number:
	Email Address for EFT Advice:
	Our current EFT details are already held by Council

Please be advised that if any of these financial and contact details are different to those currently held by Council that the organisation will be contacted for proof and confirmation of these changes by Council's finance department.