Important notice

* indicates a required field

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to process applications under the Destination Events Program. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Guidelines

Please refer to the Destination Events Program Guidelines by clicking <u>here</u> prior to completing this application form.

For further information or assistance with this application, please phone Council on 1300 268 624 to speak with a member of the Grants team.

I have read the Destination Events Program Guidelines and the over-arching Community Grants - Council Policy prior to completing this application form and confirm that to the best of my knowledge this application conforms to the program's requirements.

By clicking proceed: I confirm that I am legally authorised to make this application on behalf of the named organisation for which this application is being lodged. *

Proceed

Initial Criteria

* indicates a required field

() ()	Yes	entity a community-based not-for-profit incorporated organisation? *
Is *	your	entity a commercial entity or is this application for a commercial activity?
0	Yes No	
() ()	•	entity a political or religious group? *

Is your entity a Government agency or department of local, state or federal Government or body or authority created by Government? (including Auxiliaries and Parent and Citizen Associations of these bodies) *

○ Yes○ No				
Is your entity a charitable not-for-profit organisation that operates a commercial business ? (e.g. A not-for-profit commercial scale nursing home) * O Yes O No				
Does your entity own or operate a commercial licensed premises full time? i.e. A licensed premises that is operated primarily as a commercial business rather than as a member service. * Yes No				
Does your entity operate gam ○ Yes ○ No	-			
Applicant Entity Contact	t Detail	S		
* indicates a required field				
Contact Person for the Applicant Entity *	Title	First Name	Last Name	
Contact Phone Number *	Must be ar	n Australian phone n	number	
Email Address *	Must be ar	n email address		
Applicant Entity Name *				
ABN *				
	informati	provided will be us on. Click Lookup a the ABN correctly.		
	Information ABN	on from the Australia	an Business Register	r
	Entity nar	me		
	ABN statu	IS		
	Entity typ			
	Goods & S	Services Tax (GST)		
	DON LINC	/i JCu		

	ATO Charity Type	More information
	ACNC Registration	
	Tax Concessions	
	Main business location	
	Must be an ABN.	
Postal Address *	Address	
	Address Line 1, Suburb/Town, State/Frequired.	Province, and Postcode are
Applicant Website		
	Must be a URL.	

Destination Events Program Funding

* indicates a required field

Purpose of Event

Is the main purpose of your event to raise funds to support the sustainability of your own entity?

Yes

O No

Event Category - Please choose one option from the following choices

Which event category is this application for?

Destination Event

A large scale event potentially running longer than one day and typically involving in excess of 2000 people. These events have the potential to attract substantial visitors from outside the regional area and provide substantial economic and social benefits to the region. This category includes funding for the following. Up to \$20,000.00 is available in this category made up of cash.

- New cutural/music food festivals
- Major sporting events/fixtures
- Industry expos and shows
- Boutique themed destination events
- O New destination-driven elements of existing regional major events
- Other, Please answer the next question

Up to \$20,000 is available in this category made up of cash

If other, please provide short descript	on
Required Attachments for Applica	ition
Please upload a copy of the Site Map * Attach a file:	
Please upload a copy of the Event Brie Attach a file:	f *
Please upload a copy of the Risk Mana Attach a file:	gement Plan *
Please upload proof of demonstrated of Attach a file:	capability to deliver and market the event
Please upload current audited financia accountant or 2 most recent bank stat Attach a file:	l statements or statement from entity ements *
Event Summary	
* indicates a required field	
Event Name: *	
Physical Address of Event: * Address	
Suburb State Postcode	

What district will this event be physically located in?

O Chinchilla & District

 Dalby & District Jandowae & District Miles & District Tara & District Wandoan & District
Event Details
* indicates a required field
What is the proposed start date of your event? *
PLEASE NOTE: Events commencing prior to funding approval are ineligible. For applications of \$2000.00 or over, please allow 8 weeks from round closing date for approval. For applications under \$2000.00 please allow up to 6 weeks for approval.
What is the proposed finish date of your event? *
Please provide the following details for this event including:
Please provide the following details for this event including: Target audience. *
Target audience. * Word count:
Target audience. * Word count: Must be no more than 50 words. Overall and expected attendance from visitors outside the Western Downs
Target audience. * Word count: Must be no more than 50 words. Overall and expected attendance from visitors outside the Western Downs
Target audience. * Word count: Must be no more than 50 words. Overall and expected attendance from visitors outside the Western Downs region? * Word count:

How does this application promote tourism and attract overnight visitation to the

Western Downs region? *

Must be no more than 100 words.	
How does this application contribute economic benefits to the region through local spend and increased visitor expenditure	
How does this application align with the character and culture Downs region? *	e of the Western
Event Details continued	
* indicates a required field	
How do you intend to utilise Council funds towards the event	? *
How do you intend to utilise any surplus funds raised from th	e event? *
Please consider retaining funds from your event to ensure future events are please provide further details if you intend to gift funds raised to a Charity.	self-sustaining. Also
Please note the following acknowledgement is required as a	minimum:
 WDRC branded signage placed in prominent position throughou Verbal (and video if available) acknowledgement from MC 	t event site
 Online acknowledgement on social media platforms, event webs placement of WDRC logo A site provided free of charge within event zone for WDRC Touris 	•
	·
Please outline any additional acknowledgement of Council fu	nding.

Full Event Budget

* indicates a required field

Preference will be given to applicants who are making a financial contribution towards the event.

Budget - Income

Hints: Each of the following must be included in the tables below(even if answer is \$0.00) More lines can be added to include all items

For an example of a completed budget, please see website Helpful Resources.

Income - Please itemise all income items \$

	т
Applicant Cash Contribution	\$
Other Funds Contributed (e.g. Grants &	\$
Sponsorships from other sources)	
Council Funds Requested	\$
Gate Entry/ Ticket Sales	\$
Nomination Fees (e.g. competitors)	\$
Bar and Catering Sales	\$
	\$
	\$

Income Total

Total Income Amount

\$

This number/amount is calculated.

Budget - Expenditure

Hints: Each of the following must be included in the tables below(even if answer is \$0.00) More lines can be added to include all items

For an example of a completed budget, please see website Helpful Resources.

Estimated expenditure details - list the total cost of each expenditure item	\$Total Cost	\$ Amount requested from Council
Bar and catering expenses	\$	
Entertainment	\$	
Equipment Hire	\$	
Marketing	\$	
	\$	
	\$	
	\$	
	\$	
		Must be a number.

Expenditure Total

\$ This number/amount is calculated.	
\$ This number/amount is calculated. Please consider the long term viabili your next event?	ity of your event. Are you able to retain some profits to help fund
Financial Summary	
Amount requested from Council *	\$ This number/amount is calculated. What is the total financial support you are requesting in this application?
Applicant Financial Contribution *	\$ Must be a dollar amount. What have you entered as your contribution in your budget
Total Event/ Project Cost *	\$ What is the total budgeted cost (dollars) of your project?
Please upload a copy of the Draft Budget *	Attach a file:
2. Application over \$5,00	0.00
If you are requesting an amount outlining the significance of your	over \$5,000.00, you must provide a full event proposal event (template available).
Over \$5,000.00 requested	
Upload full event proposal * Attach a file:	
Checklist and Agreeme	nt

* indicates a required field

Total Expenditure Amount

Before submitting your application, please use this checklist to ensure your application is accurately completed.

Is this event being held on Council owned or controlled facilities, land and/or roads? *
Yes
O No
If Yes - Contact Council. You may require further permissions or approvals.
Have you booked a Council venue? * ○ Yes ○ No
O N/A
If No - Contact Council for an application form if not already done
Which Council venue will you be using?
Agreement
By submitting this application I confirm that:
a) The details in this application and any attachments are lawfully true and correct;
b) I have been legally authorised to make this application by the entity for which this application is being made;
c) The entity named in this application accepts all legal and financial responsibility associated with this application and any funds granted should this application be successful;
d) There will be appropriate and adequate insurance covering this event.
I agree to the above O Yes terms and conditions *