Form Preview

APPLICANT DETAILS

* indicates a required field

COMMUNITY EVENTS FUND

Purpose:

The Community Events Fund is designed to assist the delivery of events that create social connections; support our creatives and improve the liveability and well-being of our residents.

These events must be open to the public and have broad community appeal.

Council will consider highly events that:

- Celebrate our community and the Dubbo Region's unique culture and identity
- Are engaging and entertaining

Before you complete this application you must read the guidelines, terms and conditions located:

https://www.dubbo.nsw.gov.au/community-and-groups/events-hub/event-assistance-program

Key guidelines:

- Your event is taking place within the Dubbo Region LGA prior to 30 June 2025.
- You have \$20M Public Liability Insurance (and \$20M Product Liability Insurance if applicable).
- Your event is not-for-profit.

Funding of up to \$3,000 can be applied for to:

- assist with fees and charges associated with hire of Council venues:
- undertake event marketing [activity to build awareness of the event with aim to drive attendance]
- purchase entertainment (eg artists, performers, musicians etc) or assist with event logistics (eg staging/audio/seating)
- **Please note:** If you are holding your event on public land or a Council venue, this funding application does not constitute an approval to stage your event and a subsequent booking. Please contact Council's Event Unit on 6801 4122 to arrange appropriate documentation. Please visit Event Organisers Toolbox Dubbo Regional Council (nsw.gov.au) for more information.

Name * Title	First Name	Last Name	
THE THIS INGINE			
Organisation * Organisation Name			

Please upload evidence that you are a not-for-profit entity * Attach a file:
If your event is being auspiced by an not-for-profit organisation please upload a letter from the organisation
Position in Organisation
Address * Address
Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Email *
Must be an email address.
Mobile Phone Number *
Must be an Australian phone number.
Website
Bank Account * Account Name
BSB Number Account Number
Must be a valid Australian bank account format. NB: Council's Event Funding Program is highly competitive. Previous funding provided by Council or the submission of an application does not necessarily warrant success under the current program.
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

F	v				L	·v	-	_	v	v

Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

EVENT DETAILS

* indicates a required field

Name of Event *	
Venue *	
Start Date *	Must be a date and no earlier than 1/7/2024.
Finish Date *	
Start time *	Must be a date and no later than 30/6/2025.
Finish time *	Must be a number.
	Must be a number.
	 □ Live Music Event □ Sporting Event □ Food and Beverage Event □ Community Event □ Agricultural Event □ Festival or Fair No more than 1 choice may be selected.
	Please list below three (3) key outcomes you would like to achieve
Outcome 1: *	

Outcome 2 *	
Outcome 3 *	
Please outline how the event will provide entertainment value for the local community *	
	Word count: Must be no more than 200 words. Please be clear and concise
	Why are you organising this event?
How many years has this event been held *	Must be a number. Please include the event that you are applying for funding for in the number of years.
How many people attended your event last year? *	Must be a number.
EVENT PLANNING CAPAI	BILITY
* indicates a required field	
Organising Committee	
- J	
How many people are on your Must be a number.	organising committee? *
must be a number.	
Please outline skills and expe	rience of your committee *
Word count: Must be no more than 200 words. Please keep brief - dot points are reco	ommended.
Please outline what plans will ☐ Risk Management Plan ☐ Emergency Management Plan ☐ Waste Management Plan	be in place to support your event *

□ Accessibility Plan□ Production Plan
Please upload your Risk Management Plan * Attach a file:
Actually a life.
You will need to evidence that you have started to identify hazards and put in place measures to reduce risk. Risk includes health and safety to persons/property as well as financial and reputation risk. Your Risk Management Plan must incorporate actions to mitigate transmission of COVID-19 as per your COVID Safety Checklist as well as the name of the template you completed and submitted to NSW Government. A Risk Management Plan template is located on the Dubbo Region's Event Organsiers Toolbox located https://www.dubbo.nsw.gov.au/Community-and-Groups/Events-Hub/event-organisers-toolbox
Please upload your Certificate of Currency for \$20M Public Liability/\$20M Product Liability Insurance * Attach a file:
If you do not have a current certificate, please upload a letter from your insurance agent indicating that you intend to arrange appropriate insurance cover.
Please outline how you plan to market and promote your event (if you have a marketing plan please upload below) *
Word count: Must be no more than 200 words. Council will want to see how you intend to promote your event.
MARKETING
Please list 3 key aims of your marketing plan: Please note, if your application for funding is successful you will be required to report the outcomes you achieved against each aim.
Aim 1 *
Aim 2 *
Aim 3 *
Attach Marketing Plan Attach a file:

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Budget

MANDATORY - please provide an outline of projected income and expenses.

The budget must include a breakdown of estimated income sources including government grants, sponsorship, donations and ticket sales.

Do not include the funding applied for from Dubbo Regional Council in your list of income items.

Income	<u></u> \$	Expenditure	<u>\$</u>	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Budget Totals

Total Income Amount *	Total Expenditure Amount *	Income - Expenditure *
\$	\$	\$
This number/amount is	This number/amount is	This number/amount is
calculated.	calculated.	calculated.

BENEFITS TO THE DUBBO REGION

* indicates a required field

BENEFITS OF YOUR EVENT

What social/cultural benefits will this event deliver to the local community *

Word count:

Must be no more than 200 words. Please note that if your application for funding is successful, you will be required to report on the benefits outlined in you response.

ECONOMIC BENEFITS

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These numbers will help Council assess the economic value of the event.

Estimate number of people staying overnight to participate or attend your event *

Must be a number.
OVERNIGHT VISITATION

Estimate number of nights visitors will spend in the Dubbo Region *

Must be a number. NO OF NIGHTS

Estimate number people travelling to the Dubbo Region to participate or attend your event *

Must be a number.
DAY TRIPPERS

Estimate number of residents participating or attending your event

Must be a number. LOCAL RESIDENTS

TOTAL PARTICIPATION

This number/amount is calculated. overnight + day trippers + locals

TOTAL VISITOR NIGHTS

This number/amount is calculated.

Overnight stay x no of nights

How are you going to measure visitation to your event? *

Word count:

Must be no more than 200 words. Please note that you are required to provide an acquittal and

Council will ask you to evidence how you measured visitation.

Timing of the event

Is this event being held outside a school holiday or public holiday long weekend? * ○ Yes

O No

Will this event drive visitation during low or soft visitation periods

APPLICATION FOR ASSISTANCE

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FINANCIAL ASSISTANCE

Amount requested to be used to meet Council fees and charges

¢

Must be a dollar amount.

You will be required to provide an acquittal of funds paid to Council. Please ensure that only costs associated with venue hire and associated costs are included in this amount.

Amount requested to be used to market your event

\$

Must be a dollar amount.

You will be required to provide an acquittal of funds used to market the event.

Amount requested to provide entertainment or assist with event logistics

\$

Must be a dollar amount.

IMPORTANT: please refer terms and conditions

Total Amount Requested

\$

This number/amount is calculated. Total cannot exceed \$3,000.

SPONSOR AGREEMENT

This application for funding, if successful, is an agreement with Dubbo Regional Council (DRC) that you will return the following benefits:

- 1. DRC brand placement/recognition:
 - Printed promotional material
 - Event website
 - Social media posts/activity promoting your event
 - Dedicated post/activity acknowledging Council as a sponsor
- 2. Willingness to participate in a joint media call or media release to help promote your event and Council's sponsorship.
- 3. Arrange with Council's Events Unit to collect a banner promoting Council's support for your event.
- 4. Provide a minimum of 3 high res images that can be used by Council to promote your event in the future and use to support destination marketing activities. Images must be .jpg format. Word documents with images will not be accepted.

Failure to deliver on the benefits above may impede your ability to seek funding from Council in the future.

Please indicate if your event has a website or social media channels below:

Social Media

□ Facebook

 □ Instagram □ Our event does not have a social media channel 						
Details						
Website ☐ Yes ☐ No						
Website address						
DECLARATION AND PRIV	VACY STA	ATEMENT				
* indicates a required field						
I certify that all details supplied in and correct to the best of my kno the full knowledge and agreemen	wledge, and	I that the application h	nas been submitted with			
I have read the accompanying gu	idelines for	applicants provided w	ith this application form.			
I agree that I will contact Dubbo I this application changes or is inco		uncil immediately if an	y information provided in			
Dubbo Regional Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Trustees'/Directors' powers, functions and purposes. It may also be used by the Trustees/Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact the Events Unit on 6801 4122. I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.						
I am authorised to complete this application and have read and understood the guidelines and terms and conditions. *	○ Yes					
Authorised Person's	Title	First Name	Last Name			
Name *						
Position held *						

Date of declaration *	
	Must be a date.