

# 2025 Destination Events Fund Application Form

## Form Preview

### DESTINATION EVENTS FUND - APPLICANTS DETAILS

\* indicates a required field

#### IMPORTANT

You may only proceed with this application if:

- You have read the guidelines, terms and conditions located [Event Assistance Program - Dubbo Regional Council \(nsw.gov.au\)](#)
- Your event is taking place in the Dubbo Region LGA between 1 January 2025 and 31 December 2025.
- You have \$20M Public Liability Insurance and \$20M Product Liability Insurance
- Your organisation/event does not owe any rates, acquittal reports or debts to Dubbo Regional Council.

Funding of up to \$10,000 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)

Council will consider highly applications from events that:

- Have potential to drive significant economic benefits
- Are not held during school holidays or long weekends
- Are likely to amplify the Dubbo Region's reputation as an events venue
- Are from events with a strong brand identify and a proven record of successfully arranging and delivering events.

**Please note:** if you are holding your event on public land or a Council venue, this application does not constitute an application to stage your event and a subsequent booking. Please contact Council's Events Unit on 6801 4122 or go to [Event Organisers Toolbox - Dubbo Regional Council \(nsw.gov.au\)](#) for more information.

#### Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Organisation \*

Organisation Name

The owner of this event.

#### Position \*

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### 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	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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### EVENT DETAILS

\* indicates a required field

**Event Owner \***

**Name of Event \***

**Venue \***

**Start Date \***

Must be a date and no earlier than 1/1/2025.

**Finish Date \***

Must be a date and no later than 31/12/2025.

**Start time \***

Must be a number.

**Finish time \***

Must be a number.

**Type of event \***

- Live Music Event
- Sporting Event
- Food and Beverage Event
- Community Event
- Agricultural Event
- Festival or Fair
- Motor car or bike rally

No more than 1 choice may be selected.

**Please provide a description of your event: \***

Word count:

Must be no more than 200 words.

Limit 200 words

**How many years has this event been held \***

Must be a number.

Please include the event that you are applying for funding in this number.

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**How many people attended your event last year? \***

Must be a number.

## EVENT PLANNING CAPABILITY

\* indicates a required field

### Organising Committee

**How many people are on your organising committee? \***

Must be a number.

Please indicate what events this committee has arranged and delivered within the last 5 years.

**Event 1 \***

**Event 2 \***

**Event 3 \***

**Please outline what plans will be in place to support your event \***

- Risk Management Plan
- Emergency Management Plan
- Waste Management Plan
- Accessibility Plan
- Production Plan

**Please upload your Risk Management Plan \***

Attach a file:

**Please upload your Certificate of Currency for \$20M Public Liability Insurance and \$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) \***

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Word count:

Must be no more than 300 words.

If you intend to apply for funds for marketing purposes you must submit a marketing plan.

### MARKETING

Please list three (3) key aims of your marketing plan:

**Aim 1 \***

**Aim 2 \***

**Aim 3 \***

### Attach Marketing Plan

Attach a file:

### Budget

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

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

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

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### Budget Totals

Total Income Amount \*

Total Expenditure Amount \*

Income - Expenditure \*

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\$

This number/amount is calculated.

\$

This number/amount is calculated.

\$

This number/amount is calculated.

## BENEFITS TO THE DUBBO REGION

\* indicates a required field

**Have you held your event in Dubbo previously? \***

- Yes  
 No

**If yes, how many visitors did you attract to the Dubbo Region? Visitors are those that travelled 80km or more to attend your event.**

Must be a number.

**How do you plan to attract visitors to the Dubbo Region to attend your event? \***

Word count:

Must be no more than 300 words.

Does your event have strong brand recognition. Is your event of National or State significance. How will you attract visitors to the Dubbo Region. tion for events or for visitors.

## ECONOMIC BENEFITS

**These numbers will help Council assess the economic value of the event. These numbers will be compared to aquittal numbers to help assess the success 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 of people travelling to the Dubbo Region to**

Must be a number.  
DAY TRIPPERS

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**participate or attend your event \***

**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? \***

If you are successful, you will be required to provide an acquittal and provide evidence of visitation.

### Timing of the event

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

- Yes  
 No

Will your event drive visitation to the Dubbo Region during soft or low visitation periods

**What level of significance is this event \***

- National  
 Interstate  
 Intrastate  
 Dubbo Region LGA

Dubbo Region includes Dubbo and Wellington and surrounding villages

**Is this an event where children 16 years and under will participate? (see note) \***

- yes  
 no

Please complete ONLY if a sporting competition

**Will you hold this event in the Dubbo Region in subsequent years? \***

- 2026  
 2027  
 2028  
 I do not intend to hold the event in the Dubbo Region in subsequent years

Will the Dubbo Region benefit from your event being held over multiple years?

### SOCIAL/CULTURAL BENEFITS

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

**Word count:**

Must be no more than 200 words.

Consider how this event will contribute to making the Dubbo Region a great place to live and how it help create a sense of pride and place.

## APPLICATION FOR ASSISTANCE

**Amount of funds 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 of funds that will be used to market your event**

\$

Must be a dollar amount.

**Amount of funds that will be used on entertainment/logistics**

\$

Must be a dollar amount.

**Total funds requested**

\$

This number/amount is calculated.

Must not exceed \$10,000

## SPONSOR AGREEMENT

\* indicates a required field

All events receiving funding under Council's Destination Events Fund are required to return the following benefits.

### PRE-EVENT

**Provide Council with**

- Brand placement/recognition, including the following:
  - the event's website
  - social media activity promoting the event
  - printed material such as posters/programs
- Acknowledgement as a sponsor via a dedicated social media post



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- Opportunity to participate in a joint media call or media release to help promote your event and Council's sponsorship.
- Banner placement at your event promoting Council's sponsorship (banner can be collected from Council's Events Unit)
- A minimum of three (3) high res images of the event that can be used by Council to promote your event in the future and use to support destination marketing activities.
- Opportunity to speak to participants/audience of the event
- Opportunity to have an activation at the event
- Complementary tickets for the Mayor/or representative to attend or participate in the event

**Channel accommodation enquiries via [Visit • Dubbo Region](#) and the Dubbo and Wellington Visitor Information Centres**

**Promote the Region's [Great Big Adventure Pass](#) to participants/supporters and target market/s.**

**Survey attendees at the event, or send survey to participants post event.** You may be sent a survey to send to participants/delegates. This survey will help Council collate data around the event's economic and social impact as well as inform Council of the Region's performance/perceptions as an events venue.

### POST EVENT

#### Event Acquittal

You will be sent an acquittal form via Smarty Grants. The acquittal form must be returned to Council no later than 60 days from the conclusion of the event.

*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 Privacy Statement

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\* indicates a required field

### Declaration and Privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact Dubbo Regional Council immediately if any information provided in this application changes or is incorrect.

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 Name \***

Title

First Name

Last Name

**Position held \***

**Date of declaration \***

Must be a date.