

2021 Special Events Grant - Application Form

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Special Events Grant** guidelines: [Town of Port Hedland Guidelines](#)

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **grants@porthedland.wa.gov.au**.

Confirmation of Eligibility

I confirm that this application meets the following eligibility criteria...

- have read and understand the program guidelines
- Incorporated (under Associations Incorporation Act 2015) or auspiced by an Incorporated Association
- Based in the Town of Port Hedland Local Government Area or providing ongoing services within this community
- Joint projects between two or more groups are encouraged
- Does not owe any reports or money to the Town of Port Hedland as a result of previous funding or grants
- Has the appropriate type and level of insurance for the activities that are the subject of this grant
- Have not exceeded maximum value of this grant in current financial year
- Have not received moneys from any other ToPH grant for the same initiative
- Organising events or activities that are open to the broad community

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by

2021 Special Events Grant - Application Form

Form Preview

the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to the [Town of Port Hedland Privacy Policy](#)

Applicant Details

Applicant/Organisation name *

Organisation Name

Are you 18 or older? *

- ☐ Yes
☐ No

Parent/Guardian (if applicant under 18)

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Complete this section if applicant is under the age of 18

Applicant Primary Address *

Address

<input type="text"/>
<input type="text"/>

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Postal Address *

Address

<input type="text"/>
<input type="text"/>

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Primary contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant. This could be the applicant, the parent or guardian or the key contact when there are multiple applicants.

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

2021 Special Events Grant - Application Form

Form Preview

This is the address we will use to correspond with you about this grant.

Please upload a copy of the hosting organisations 'Certificate of Incorporation' or other registry Documentation (under Associations Incorporation Act 2015):

Attach a file:

You need to provide proof that your organisation is incorporated to meet eligibility criteria for the Special Events Grant. You can find more information on what this documentation should entail in the following link here - <https://asic.gov.au/online-services/search-asics-registers/documents/>

Event / Activity Details

* indicates a required field

About your event or project

The Special Events Grant supports organisations in delivering events to benefit the whole community.

The objectives of this grant include:

- Encouraging volunteering to help facilitate active, confident, resilient, cohesive and inclusive communities
- Celebrating and connecting the community.
- Achieving the following outcomes of the Town of Port Hedland Strategic Community Plan 2018-2028:
 - b An inclusive and involved community
 - c A unique, vibrant and diverse community lifestyle

Possible events/occasions to celebrate include but are not limited to:

- Harmony Day
- Easter
- NAIDOC Week
- Awareness Days/Weeks
- Minority groups festivities

Event, Activity or Project title: *

Provide a name for the event/activity/initiative. Your title should be short but descriptive

Applications must be lodged at least six weeks prior to event, activity or project.

Applications that have funds and/or sponsorship from other organisations will be highly regarded.

Applications for the Special Events Grant will be sought on a quarterly basis.

2021 Special Events Grant - Application Form

Form Preview

Grants can be paid after you have submitted your quote/s, invoice/s or receipt/s as evidence of your expenses. If your application is successful, are you happy to receive the grant after you have submitted the above? *

- ☐ Yes, I'm happy to wait until after the event to receive the money.
- ☐ No, I would prefer to receive the money before the event.

Require the money before the event.

To receive the money before the event you need to provide evidence of expected costs. You will then need to provide corresponding receipts during the acquittal stage.

Please attach files with evidence of expected costs

Attach a file:

Evidence of costs can be any associated quotes, invoices or Expenditure Budget documentation - Please merge all Evidence of Event Cost information into one PDF document. Keep in mind that the Town of Port Hedland will contribute 50% of less of the total value of the event. The maximum value of the Special Events Grant is \$2,000.

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Please provide a short summary of your activity *

Be descriptive, but succinct. Include a brief summary of the event, project or activity including the location and number of participants, what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Alignment - How will this activity meet the objectives of this grant (see above) *

Please consult the program guidelines for more information.

What are the primary areas of focus for this project/program?

You may select up to five items. 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).

Have you made an event booking with the Town of Port Hedland for this event yet?

2021 Special Events Grant - Application Form

Form Preview

☐ Yes, we are currently liaising with the TOPH with this event's booking and are aware of our organisational expectations in covering all town event processes, legalities and liabilities for this event.

☐ No, we still need to register this event with the Town of Port Hedland.

No matter the location, whether hosted at a TOPH Facility/Park or not, you will need to register this event alongside the Town of Port Hedland especially if any businesses will be trading/ serving food, please find more information on registering your event in the following link - <https://www.porthedland.wa.gov.au/facilities> or feel free to contact the TOPH Bookings team on 08 9158 9300 for more information. Your event can then also be featured on the Town of Port Hedland Events calendar which can be found in the following link here - <https://www.porthedland.wa.gov.au/events/>

Do you have any further documentation to upload in regards to your Special event?

Attach a file:

Please feel free to upload any further information, event documentation, event plan, Event Poster, etc.

Budget

* indicates a required field

The maximum value of the grant is:

- \$2000 (The Town of Port Hedland will contribute 50% or less of the total value of the event)

SPECIAL EVENTS GRANT FUNDING VALUE EXAMPLES:

- The total cost of hosting this event is over \$4,000+, the Town of Port Hedland will be able to contribute the maximum value of \$2,000 to the event, if this grant is requested to contribute 50% or less of the total value of the event.

OR

- The total costs of this special event is less than \$3,000. This grant can then contribute 50% or less to the event meaning \$1,500 will be made available via this grant.

If you wish for the Special Events grant to cover 50% and maximum total of \$2,000 for this event, please provided a detailed description of all your events costs in the "Expenditure Description" below providing evidence that your event will be over \$4,000 in total and same goes for any certain percentage (20,30,40%) or portion of costs you wish to utilise this grant to cover.

Total Amount Requested

\$

Must be a dollar amount.

2021 Special Events Grant - Application Form

Form Preview

What is the total financial support you are requesting in this application?

BUDGET (GST Exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

This grant will cover the following costs:

- Performer/presenter fees, travel and accommodation costs
- Venue hire
- Event Public Liability Insurance
- Equipment hire
- Permits
- Advertising/promotional costs
- Catering
- Fundraising for charity activities
- Materials for performances, costumes, uniforms, activities

What is not covered by grant:

- Meals and incidentals
- Administration fees over 10% of total cost of activity project
- Purchase, supply or licensing of alcohol
- Operational costs (new clubs and organisations seeking funds to assist their establishment are encouraged to apply for the Seed Funding Grant).

The **MAXIMUM VALUE** of this grant is **\$2,000.00** (The Town of Port Hedland will contribute 50% or less to the total value of the event)

Income List

How to complete the following Income and Expenditure section:

Please outline all the costs for your event, activity or project. Examples for Income could be "Special Events Grant - Town Grant - Funding Unconfirmed - of expenses could include 'equipment and materials', 'travel costs', 'freight costs'.

Use the 'Notes' column for any additional information you think we should be aware of.

For expense items over \$500, 1 written estimate, advertised price or 1 written Quote. For expense items over \$5,000, two written quotes are required.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

2021 Special Events Grant - Application Form

Form Preview

Income Description:	Income Type:	Confirmed Funding?	Income Amount (\$):	Any Notes?
			Must be a dollar amount.	
			\$	

Expenditure List

Please list what expenditure (Products, Invoices, services) that are required for your project, specifically the whole event budget and make notes which expenses you wish for this grant to cover.

Please include as much detail as possible in the notes and ensure to back up your expenditures list below by including WRITTEN EVIDENCE in the upload section below. Written evidence can be a quote, invoice or screenshot of the product/service.

- **For any expense item OVER \$500, ONE WRITTEN QUOTE, estimate, advertised price or written quote will need to be provided/uploaded in the file upload area below the tables.**
- **TWO WRITTEN QUOTES are required for items over \$5,000.**

PLEASE NOTE - If you're application outcome is successful, All final receipts, Tax Invoices/ Proof of Payment Evidence is required to be submitted in the grant funding acquittal form

Expenditure Description	Expenditure Amount (\$):	Any notes?
	\$	

Budget Totals

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

Upload all Quotes or forms of written evidence for this grant:

If you wish to receive grant funds before the event, please include any written evidence (quotes, invoices, screenshots of emails, or receipts, etc.) now.

Written evidence is required for:

- For any expense item **OVER \$500.00, ONE WRITTEN QUOTE**, estimate, advertised price or written quote will need to be provided/uploaded in the file upload area below the tables.
- **TWO WRITTEN QUOTES** are required for items **OVER \$5,000.00**

2021 Special Events Grant - Application Form

Form Preview

Please attach quotes for those expenditure (cost) items over {{ \$500.00 }}: *

Attach a file:

Make sure each evident quote/invoice meets with the Grant Expenses guidelines as described above (What's covered/What's NOT covered)

If you have one, please feel free to also upload a copy of your Event Income/Expenditure Budget below:

Please attach quotes for those expenditure (cost) items over {{ \$500.00 }}:

Attach a file:

You must fill in your expenditure in the above chart that you would like for the Special Events Grant to cover for your event.

Are you receiving other external support or matched funding for this special event?

- ☐ Yes, we have at least 1 other or multiple sponsors interested in providing either funding/ In-Kind Donations at this event.
- ☐ No, we have no other group or body contributing funds or In-Kind donations. Our organisation is a main contributor in financing this event and why we're applying for local community grants assistance.

Is this a joint project between two or more groups? *

- ☐ Yes, multiple groups/organisations/businesses will be contributing funds/In-Kind Donations to this event including providing event volunteers/Trading Business Stallholder Services.
- ☐ No, our organisation is solely hosting this event. No other business or stallholders will be present at this event.

If you have any Businesses/Organisations or Community Groups selling or fundraising via a Food/ Drinks or BBQ Stall - please ensure that they have obtained a 'Temporary Food Stall Permit' at least 2 weeks prior to the event - Please find this application form and further event Food Safety requirements in the following link here: <https://bit.ly/2HmMynj>

Can you briefly outline what other groups/organisations are involved in this event and what their contribution will be? (Dot point answers are accepted)

This could include information regarding External Sponsors providing \$amount of funding, an organisation/sponsor providing In-Kind Donations such as Event Volunteers/People/Man Power/Free Equipment, other donations, etc. or any other local organisations/Businesses/Stallholders providing services who will be attending, trading or donating time to contribute to this special community event.

Previous support

* indicates a required field

2021 Special Events Grant - Application Form

Form Preview

Previous support

Have you previously received a grant from the Town of Port Hedland? *

- ☐ Yes
☐ No

Details of Previous Support provided by the Town of Port Hedland:

What year did you last receive support? *

What was the name of the activity, event or project? *

Did you complete and submit the required acquittal form? *

- ☐ Yes
☐ No
☐ I don't remember

Bank Details

*** indicates a required field**

Bank Details

Provide banking details for funds to be deposited into, should your application be successful.

Applicant Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Certification and Feedback

*** indicates a required field**

Certification

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

2021 Special Events Grant - Application Form

Form Preview

The Town of Port Hedland will reimburse successful applicant on completion of the acquittal process when all receipts and evidence of participation have been supplied.

I agree *

☐ Yes

☐ No

**Name of applicant
(or parent/guardian if
applicant is under the
age of 18) ***

Title

First Name

Last Name

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.