Community Event Fund application form

* indicates a required field

Please Note:

Before completing this application form for the Community Event Fund please read the guidelines: Community Event Fund Guidelines

If you have any questions about your eligibility, please contact the Grants Officer on 8375 6600 or email grants@marion.sa.gov.au

Applicant details

Organisation name *

Organisation Name

Organisation address *

Address

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

Organisation postal address *

Address

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

Event address *

Address

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

Applicant contact name *

Title First Name Last Name

Can answer questions about the application

Position *

Applicant primary email *

Applicant primary phone number *

Secondary phone number

Eligibility criteria

* indicates a required field

Eligibility criteria

Applications must satisfy all of the criteria shown below.

I confirm:

- the organisation represented in this application is a not-for-profit organisation
- the organisation is incorporated, with an ABN
- or the applicant is auspiced by an incorporated organisation, with an ABN
- this event is located, connected to, or of benefit to the City of Marion and its residents
- the event is free and open to the general public
- the event is inclusive and as accessible as possible for all, inclusive of gender, age, sexuality, cultural beliefs or disability
- the event occurs within the financial year that funds are provided, if successful
- I have not been a recipient for this grant in this financial year

Please select: * ☐ Yes ☐ No

Further details

* indicates a required field

Please tell us about your activity

Event title *

Provide a brief statement detailing what support you require and how financial or in-kind support will be used *

Word count:
Must be no more than 100 words.
Provide a short description of your activity

Start date of event *

Must be a date.
Estimated if not yet set

End date of event *

Estimated if not yet set

Total amount requested *

$
This amount is automatically calculated from the Budget section of application.

Total activity cost *

$
What is the total budgeted cost (dollars) of your activity?

Clearly describe what are the benefits to the City of Marion from this event? *

Word count:
Must be no more than 100 words.
Describe the specific issue or need and how the activity will provide benefit/s

What are the expected outcomes of the activity? *

Word count:
Must be no more than 100 words.
Describe what you want the activity to achieve

How many participants or attendees do you expect at your event? *

Can be approximate

Do you plan to run this event again? If so, when?

Please upload any marketing material, social media or websites you have relating to this event.

Attach a file:

Please upload any other documentation relevant to your event here.

Attach a file:

Permits or permissions, quotes etc.

Please detail, if successful, what you intend to spend the funding on. This also needs to be reflected in your budget below. *

Please attach quotes/ invoices for the item or items you intend to spend the funding on if your application is successful *

Attach a file:

A minimum of 1 file must be attached.
If you are intending to use funding for staging for example, please upload evidence of this from the staging company

Budget

Please only include items being funded by this grant.

Expenditure/Item description	**Amount**
	Must be a whole dollar amount (no cents).
	$
	$
	$
	$
	$
	$

Budget total

Total expenditure amount

$

This number/amount is calculated.

In-Kind Support or additional funding supplied by City of Marion

Applicants must state any in-kind support or additional funding supplied by council for this event.

Has the City of Marion agreed to support this event not included as part of this application? *

☐ Yes
☐ No

Please explain the type of support offered or contribution being made by the City of Marion for this event (not including items in this application). For example: Court or room hire, road closures etc. *

Special Event Permit

| If you are hosting your event at one of Council's Reserves, please complete the permit application form that you can find on this page Events in parks | City of Marion

Is a Special Event Permit is required for your event? *
☐ Yes
☐ No

If yes, please upload your Special Event Permit approval
Attach a file:

Financial details

* indicates a required field

Insurance

Please provide current Public Liability Insurance certificate of currency for minimum $10 million for the event:

Please attach Public Liability for the event: *
Attach a file:

Is your organisation an Incorporated Body ? *
○ Yes ○ No
If Incorporated go straight to Section 4

Sponsoring body information

Name *
Organisation Name

Groups that are not incorporated can still be eligible, provided applications are made through an appropriate incorporated body that is willing to sponsor the project. The Sponsoring Body will need to provide their Incorporation number and ABN. It is this organisation that the funding will be made payable to.

Address *
Address

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

Contact name *

Contact email *

Must be an email address.

Contact phone number *

Must be an Australian phone number.

Please attach a letter from your sponsor that confirms they are willing to sponsor your project
Attach a file:

Australian Business Number (ABN)

***Please note that if your grant is to be sponsored by another organisation, this information must be provided by the sponsoring organisation*. All funding will go to the sponsoring organisation to distribute to you.**

Do you have an Australian Business Number (ABN)? *

○ Yes ○ No

If YES, please provide your 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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location
Must be an ABN

Payment details

To enable payment via EFT please provide your bank details.

Payments will generally occur within 14 business days once the form has been received by the City of Marion accounts teamPlease note, if your organisation has a sponsoring body, their bank account details will need to be provided here.

Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Certification and feedback

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

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

Terms and conditions of funding are as follows:

- The funds provided will be used only for the approved event as detailed in the grant application.
- Seek City of Marion's written approval to continue if there are any changes to the event (or seek permission for changes).
- Event to be held within the financial year funds are received.
- Complete an acquittal within one month of the event
- Funds that are not used must be returned to the City of Marion.
- Applicants will be responsible for obtaining any relevant approvals including, use of council land, road closures, development consents/building approval and/or permissions from land property owners before the commencement of the event.

- Meet and adhere to all relevant screening and insurance requirements set by state and commonwealth legislation.
- Acknowledge the City of Marion in all promotional matters relating to the funded event. The City of Marion will also have the right to independently promote the event
- It is the responsibility of the applicant/sponsoring body to indemnify and keep indemnified the City of Marion, its employees and agents, against all actions, costs, claims.
- Successful City of Marion grant recipients are required to adhere to the relevant SA Government COVID-19 restrictions when implementing their programs, activities and/or events**.**
- City of Marion may request that a COVID-19 plan be completed, prior to distribution of funding.
- City of Marion may choose to delay funding to successful applicants, dependent on the COIVD-19 restrictions at the time of funding.
- Successful City of Marion grant recipients are required to adhere to the current SA Government's Single-use and Other Plastic Products (Waste Avoidance) Act 2020. Changes come into effect as of 01/09/2024 and grant recipients are required to adhere to all regulations. This includes the use of plastic food containers, shopping bags, bag tags, confetti, balloon sticks, balloon ties etc. For further information, please visit replacethewaste.sa.gov.au.

I agree *

○ Yes ○ No

Date of certification (today's date) *

Name *

Title | First Name | Last Name

Phone number *

Must be an Australian phone number.

Position *

Secretary, CEO, Treasurer

Email *

Must be an email address.