Introduction

* indicates a required field

The City of PAE's Events Grant Program aims to help create a community that is inclusive, cohesive, creative and prosperous through the support of a program of accessible and diverse community events and festivals across the City.

Please note:

- 1.Applicants must complete all sections of this application form and attach relevant documentation to this application to be eligible to be funded.
- 2.All grants are subject to availability of funds, eligibility and assessment requirements.
- 3A submission of an online application for the City of Port Adelaide Enfield's grants programs is an acknowledgement that applicants will abide by the conditions of any grant approval.
- 4.An <u>Events Information Kit</u> is also available to help you organise an event in PAE. Please read this document before submitting an Events Grant application.

Who can I talk to?

Jude Gun
Activation & Events Coordinator
jude.gun@cityofpae.sa.gov.au
08 8405 6861

Mr Andrea Satireyo
Funding & Partnerships Officer
andrea.satireyo@cityofpae.sa.gov.au
08 8405 6972

Assessment

Applications will be assessed by City of PAE staff against the criteria outlined in the <u>Events</u> Grant Guidelines.

The decision of awarding grants will be made by City of PAE staff with appropriate delegations.

Applicant Eligibility Criteria

Before submitting your application, please check that you meet the eligibility criteria – all boxes must be ticked for your event to be eligible for funding.

Applicant organisation is a legation. The proposed event is to be have the proposed event is open to the proposed event is not public liability insurance attached. The event addresses the crite form. I have read and understood the law likely law law likely law l	eld within of the gene compared on the gene ria outline ne Event Ir it and sub ivate, compis applicaries, equipnis applicaries, equipnis applica	the City of PAE boral public line with a copy of event as well as bord in the Events Grand formation Kit and mit it at least 2 min mercial or fundration is NOT to cover ment, operationation is NOT used as	f the organisation oump-in/out) or a company responsibilities and my responsibilities on the electron of the e	's public quote for d Application es event, if road d with anding or to
Applicant Details				
* indicates a required field				
Applicant Information				
Organisation/Applicant Name *	Organisation Name Council's grant funds will only be paid into a Bank Account in this name			
Contact Person *	Title Must be th for	First Name e primary contact p	Last Name erson for the Event	being applied
Position within organisation *				
Contact Phone Number *	Please pro	vide the best contac	t number during bu	siness hours
Contact Email *				
Postal Address *	Address			

	Suburb State Postcode
Alternate Contact Name	
Alternate Phone Number	
	Please provide an additional contact phone number
Alternate Email	
	Please provide an additional contact email address
Organisation Website	
	only if applicable
Applicant 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 <u>More information</u>
	ACNC Registration
	Tax Concessions
	Main business location
	Applicant must have an ABN which matches the applicant name
Proposed Event Details	
* indicates a required field	
Event Summary	
Name of event *	

Short event description - provide a general overview of the event, including the event theme, activities, entertainment, catering and other relevant information. How do you summarise the 'experience' offered at your event? *

Word count:

Must be no more than 250 words.

Event start date *

Event start time *

Event end date *

Event finish time *

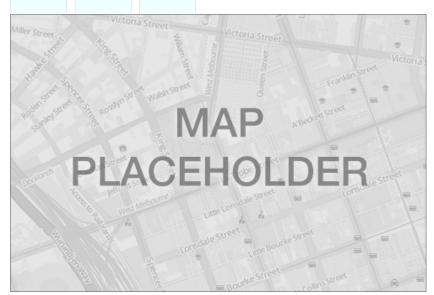
Bump in and bump out times *

Site address where event will take place *

When will you be setting up and packing up your event?

Address

Suburb State Postcode



Must be within the City of Port Adelaide Enfield Council area

Name of Reserve/Road *	If not in a reserve put N/A
Have you booked the space? *	☐ Yes ☐ No ☐ Booking not required - event is not on council land At least 1 choice must be selected. To check availability and booking of a Council space please call our Community Bookings Officer on 08 8405 6950.
I understand that if a permit is required, I will fill in a permit application *	O Yes O No An event permit is required for events held on Council owned land and roads. To learn more about the event permit application please visit https://online.cityofpae.sa.gov.au/onlineform/events
Event Objectives	
Which category you are applying for? *	 Neighbourhood Event - up to \$1,000 Community Event - up to \$7,500 Regional Event - up to \$15,000 Please refer to Events Grant guidelines to select relevant category.
How much are you applying for? *	\$ What is the total financial support you are requesting in this application? Funding is for up to 50% of the event cost, capped for each event category. Apply for what you need, it does not need to be the maximum amount available.
Which grant objectives does the event align with? *	□ Economic Development - return economic benefit to businesses in the City of PAE □ Visitor Economy - attract tourists and visitors to the City of PAE □ Arts and Culture - foster access to social and cultural diversity □ Placemaking - large scale public space activation □ Delivery of significant community celebration □ Delivery of select significant sporting events (with broad community interest and participation) □ Responsiveness to Council's adopted Activation Principles You need to select at least 1 choice if you are applying for a Neighbourhood Event, at least 2 for a Community Event, and at least 3 for a Regional Event.
Please explain in detail how the event would meet each objective selected in the previous question and how it will	

make an impact for each of those. *

Each objective should be addressed individually. This question is worth 30% of the total assessment so please be specific and use data wherever possible to back your statements.

Event Planning, Promotion and Marketing

Who is your target audience? *	Word count: Must be no more than 200 wo	ords.	
What is the estimated attendance for your event (per day)? *	Must be a number.		
% of local residents *	Must be a percentage		
% of people attending who live outside PAE *	Must be a percentage		
Will there be any admission fees for your event? *	○ Yes	○ No	
How much will you charge for admission?	\$ Must be a dollar amount		
How will your event be promoted/marketed? *	Word count: Must be no more than 250 wo	ards	
Event history *	Must be no more than 250 we	nus.	
	Word count: Must be no more than 250 words. Describe the history/background of the event, including number of times the event has been held in the past, attendance numbers and key event outcomes.		
How is your event creative and innovative?			
	Word count: Must be no more than 250 wo	ords.	
What strategies do you have in place to ensure the event is financially			

sustainable now and in the future? *

Word count:

Must be no more than 250 words.

Please describe what strategies you are putting in place to ensure the long-term financial sustainability of the event (if applicable).

Accessibility *

Word count:

Must be no more than 250 words.

How will you ensure your event is accessible to a diverse audience (including people with disabilities, culturally diverse, aged, etc)? Your event planning should include an Accessibility Plan that addresses things like access/egress, parking, toilets, facilities, catering and promotion, SA Health requirements (if any), etc.

Event evaluation *

Word count:

Must be no more than 250 words.

How will you know if you have achieved the objectives of the event? i.e. customer surveys, local business surveys, community surveys, participant surveys, attendance data. You will need to include this as part of your post-event acquittal.

Grant acknowledgement

*

Word count:

Must be no more than 250 words.

Outline how you intend to recognise the support provided by the City of Port Adelaide Enfield.

Please upload your completed event risk assessment *

Attach a file:

If you are unsure or do not have a template available, a basic template for you to start is available at https://www.cityofpae.sa.gov.au/_data/assets/word_doc/0040/1476787/
PAE-Event-Risk-Assessment-Template.doc - The City of PAE accepts no responsibility for the development of others' Risk Management documents or procedures. Please ensure to give the document a name so we we know what it is.

The type of Public Liability Insurance I am submitting is *

- Existing Public Liability (covering the event date as well as bump-in/out)
- Quote for Public Liability

Please upload your existing Public Liability Insurance (covering the event date as well as bump-in/out) or a quote

Attach a file:

This is a compulsory requirement and must be to a minimum level of \$20 million. Public Liability Insurance needs to be in the same name as the legal entity applying for the grant.

for your event's Public Liability Insurance. *	
* •	Attach a file:
upload any other documents to support	
your grant application	
Additional Questions for N	eighbourhood and Community Events
Please upload your detailed Education Attach a file:	vent Site Plan *
	e entire footprint of the event (indoor and outdoor) including, cry/exit, market stalls, food vendors, waste management, stage s, etc.
Please upload your detailed Education Attach a file:	vent Run Sheet *
(including the event program) and ide Event Run Sheet will include the sequ	nedule that lists the timing and running order of site activities entifies the person or supplier responsible for each task. The sence of your event day from site access, bump-in and deliverienp-out, and should reference times for suppliers and the public
Additional Questions for R	egional Events
Provide an Event Run Sheet, S Attach a file:	ite Plan and a Marketing Plan *
where applicable, toilets, parking, ent orientation, emergency vehicle access timing and running order of site activi- supplier responsible for each task. Th from site access, bump-in and deliver	e entire footprint of the event (indoor and outdoor) including, cry/exit, market stalls, food vendors, waste management, stage s, etc. The Event Run Sheet is a detailed schedule that lists the ities (including the event program) and identifies the person or e Event Run Sheet will include the sequence of your event day ies, to start and finish times and final bump-out, and should public on site. If no file is uploaded you will only be considered
 Yes - amounts stated below 	like to apply for a multi-year grant *
NoAvailable for a maximum of 3 years.	
Year 1	
\$ What is the amount of funds requests	ad in the first year?
What is the amount of funds requeste	ed in the first year:
Year 2 \$	

What is the amount of funds requested in the second year?	
Year 3 \$ What is the amount of funds requested in the third year?	
Past Events Information	
* indicates a required field	
Events experience	
Have you organised any other events before? *	
Must be no more than 250 words. Please give detailed information into what they were, when they were conducted and what the outcomes were	
Previous Grant funding	
Have you received previous Grant/Sponsorship funding from the City of PAE	
before? * O Yes O No	
before? * O Yes	
before? * O Yes O No If you have received previous Grant/Sponsorship funding can you	
before? * Yes No If you have received previous Grant/Sponsorship funding can you please complete the table below Event/Project name and year funding	
before? * Yes No If you have received previous Grant/Sponsorship funding can you please complete the table below Event/Project name and year funding Amount awarded for Event/Project was received	
before? * Yes No If you have received previous Grant/Sponsorship funding can you please complete the table below Event/Project name and year funding	
before? * Yes No If you have received previous Grant/Sponsorship funding can you please complete the table below Event/Project name and year funding was received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
before? * Yes No If you have received previous Grant/Sponsorship funding can you please complete the table below Event/Project name and year funding was received March S	

Budget - let's talk dollars

* indicates a required field

Please note that if you obtain an Events Grant, no other costs associated with the event will be covered by the City of Port Adelaide Enfield. Please ensure **all** event costs - including venue/reserve hire, event waste management, power, security, first aid, irrigation marking

on reserves, extra toilets or public toilet cleaning, road closures etc. - are reflected in your event budget.

Council can provide limited additional in-kind services to your event. Please tick "yes " and list them below if you need any.

list them below if you	•			
In-kind support nee	ded?	○ Yes	O No	0
PAE has limited in- kind support availal Please let us know would be helpful.				
Event Budget				
	ntribution	from applica	nt or others, in-kir	ount requested, other ad contribution from
Please provide a lis in the expenditure of		y proposed p	urchases/expense	s with GST included
The total expenditu	re and tot	al income sho	ould be equal. Do	not show a profit or
loss.				
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,	\$ Amount	(i V	xpenditure/Costs ncluding in-kind, olunteer hour osts)	\$ Amount
Income/Funding sources (including Council grant monies, in-kind,	\$ Amount	(i V	ncluding in-kind, olunteer hour	\$ Amount
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,		(i V	ncluding in-kind, olunteer hour	
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,	\$	(i V	ncluding in-kind, olunteer hour	\$
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,	\$	(i V	ncluding in-kind, olunteer hour	\$ \$
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,	\$ \$ \$	(i V	ncluding in-kind, olunteer hour	\$ \$ \$
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,	\$ \$ \$ \$	(i V	ncluding in-kind, olunteer hour	\$ \$ \$ \$ \$
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,	\$ \$ \$ \$ \$ \$	(i V	ncluding in-kind, olunteer hour	\$ \$ \$ \$ \$ \$
Income/Funding sources (including Council grant monies, in-kind, volunteer hours,	\$ \$ \$ \$ \$	(i V	ncluding in-kind, olunteer hour	\$ \$ \$ \$ \$

Quotes

calculated.

Total Income Amount

This number/amount is

Please upload at least 3 quotes for purchases * Attach a file:

Income minus Expenditure

calculated.

This number/amount is

This number must equal zero

Total Expenditure Amount

calculated.

This number/amount is

Choose purchases of \$500 or more to upload. Otherwise the highest expenditure quotes.

Bank Account Details

Council's payment method is only by Electronic Funds Transfer (EFT). **Council will not provide cheques.** Grant funds will be automatically deposited into the following nominated account which must be in the name of the organisation applying for this grant.

Bank Account * Account Name		
BSB Number	Account Number	
DSD Nullibel	Account Number	
	stralian bank account format. Jount needs to be the SAME as th	ne applicant
Bank or Credit	Union Name *	
Dalik of Cledit	Ollion Name	

Terms and Conditions

- * indicates a required field
- I, being the applicant completing this application form, certify that:
 - 1. The statements made in this application are true and correct.
 - 2. Failure to comply with these conditions may preclude our organisation from accessing further grant funds in the future.
 - 3.I agree to abide by the conditions under which the City of PAE may approve funding of this request.
 - 4.I will submit an appropriate acquittal to Council, no more than two months after the event.
 - 5.I also confirm that I have read and understood the conditions for funding as outlined in the City of Port Adelaide Enfield's <u>Events Grant Guidelines</u> I confirm that I accept and agree to abide by the conditions therein.
 - 6.I agree that should my application for funding be approved, Council may provide any information contained herein to the public in any form and/or use this information to promote their grant program.
 - 7.I understand that should this application be approved by the City of Port Adelaide Enfield, I will be required to provide an Event Permit two months before conducting the Event, dependent on road closures.
 - 8.I also agree to acknowledge Council's funding of the project in any publicity or promotion.
 - 9.I further agree that monies received from the City of Port Adelaide Enfield will be expended as outlined in this application and in accordance with Council's approval letter. Any monies not expended will be returned to the City of Port Adelaide Enfield.
 - 14Any changes to the agreed expenditure of Council's grant funds must be negotiated in writing with Council's Funding & Partnerships Officer.

I agree to abide by the above Terms and Conditions *

○ Yes I agree

A submission of an online application for the City of PAE is an acknowledgement that applicants will abide by the conditions of any grant approval

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in the City of Port Adelaide Enfield's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles City of Port Adelaide Enfield's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.