

Community Assistance Program

Application Community Sponsorship Scheme

(for events that provide identified economic or community development outcomes for the community)

Please read the Community Assistance Program Guidelines before completing this Application Form.

Completed Application Forms should be forwarded to:

Community Assistance Program Rockhampton Regional Council PO Box 1860 Rockhampton 4700

Applications must be received by the following dates:

Round 1: 14 August 2015

Round 2: 11 November 2015

Round 3: 6 April 2016

Applications received after the closing date for a round will not be considered until the following Round.

Please ensure that all required attachments are provided to allow for consideration of your application.

Checklist

Application form fully completed and signed by two approved Officers.
Copy of Public Liability Insurance Cover Statement attached.
Copy of Certificate of Incorporation attached.
Copy of relevant quotes attached.

PRIVACY NOTICE Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of receiving and considering your organisation's request for funding under Council's Community Assistance Program. Personal details will not be disclosed to any other person or agency external to Council without individual consent, unless required or authorised by law. Program funding details will be published by Council and summarised in Council's annual report.

Event Name	
Event description	Objectives:
	What the event will be:
Need for event	Need for event and how this was determined:
	2. Community consultation or collaboration in the design/development/delivery:
	3. Community support (eg. other sponsorship, income generation):
	4. Innovation (what is new, or point of difference to other events):
	5. Inclusiveness (how the event will be inclusive of all social and cultural groups):
Community Outcomes	1. Participation (number of potential participants in the event, including non-local):
	2. Support for local business (will local venues, services or materials be used):
	3. Environment (contribution to healthy and livable environment):
	4. Community capital (contribution to development of social cohesion and capacity):

	5. Community activation (how, use of civic spaces and facilities):
Promotional outcomes	Local and regional (how event will provide positive promotion of the area at local and regional level):
	State (how event will provide positive promotion of the area at state level):
	3. National, international (how event will provide positive promotion of the area nationally or internationally)
	4. Marketing (how event will be marketed to notential clients):
	4. Marketing (how event will be marketed to potential clients):
	5. Recognition of Council support (how will this be achieved):
Organizational capacity	Resources (organization's physical and financial resources to deliver the event):
	2. Timeframe (proposed date and time of event, relevant planning milestones):
	3. Experience (with similar events, who will plan and manage the event):
	4. Approvals (detail relevant approval/permits/plans required - copies to be attached):
	Budget - please complete attachment A

Applicant organization	Name of organization:				
J	Address (for mail):				
	ABN:				
	Incorporation Number:				
	(if not an Incorporated Assoc. please provide name and Incorporation number of sponsoring organization):				
Contact details for this application					
	Name:				
	Telephone: Mobile: Email:				
	Membership Numbers: Full Members: Associate/Social members:				
	Public Liability Insurance: Insurer: Level of cover: \$	m			
	Previous grant funding received from Council				
	1				

Certification

I certify that the information provided in this application is true and correct and that I am authorised to make this application on behalf of the organization.

(Note: This form must be signed by two executive officers of the incorporated body accepting legal and financial responsibility for the Project).

First Executive Officer	Second Executive Officer
Name:	Name:
Position In Organization:	Position In Organization:
Signature:	Signature:
Date:	Date:

Community Assistance Program Application – Community Sponsorship Scheme Attachment A

Project expenses	Applicant contribution	Other Sponsorship	In-kind contributions	Event Income (e.g. ticket sales, entry fees, food, drinks)	Council Sponsorship	Totals
Marketing and promotion						
Venue Hire						
Catering						
Permits/licenses						
Entertainment						
Equipment hire						
Prizes/awards						
Travel/accommodation						
Additional wages (other than staff already employed)						
Other - please detail						
TOTALS						