



LIGHT REGIONAL COUNCIL

Event Sponsorship Program (ESP) Application

Before you start...

From 29 June 2020, ALL events in South Australia must have a Covid-Safe Plan or a Covid Management Plan For more information please refer to the State Government Covid-19 Recovery website <https://www.covid-19.sa.gov.au/recovery/create-a-covid-safe-plan>
A copy of the APPROVED Plan must be provided to Council before Event Sponsorship funding can be allocated to successful applicants.

Have you read the guidelines and eligibility criteria in the *Sponsorships, Grants and Incentives Scheme Handbook* before completing this application? Yes No
Are you eligible to apply for the Event Sponsorship Program? Yes No

**Please attach any additional information and supporting documents to application.
Please provide bank account details on page 6 (for electronic payment if successful).
If your organisation does not have an ABN please complete the ATO declaration.**

Applicant Details

Date of application:

Name of Organisation:		
Contact Person for this Application:		
Position Held by Contact Person:		
Address:		
Postal Address (if different from above):		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Email:		

Organisation Status

Your organisation's ABN (if no ABN, declaration form must be completed):		
Is your organisation incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your organisation is unincorporated, who will be responsible for administration of any funds allocated?		
Is your organisation registered for GST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have Public Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please attach Certificate of Currency for proposed event (minimum \$10 million)</i>		

Event Details / Type

Name of the event:
Is this event a regional or community event? <input type="checkbox"/> Regional Event <input type="checkbox"/> Community Event
Proposed date of the event:
Venue / Location of the event (where the event is to be held – street, park, etc.)
Approval from land owner to use venue? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please attach evidence of approval to use venue/site</i>

Event Description

Please provide a brief description of the event, including:

Goals, objectives and strategies: *What is the purpose of the event, and how will you achieve these outcomes?*

List the benefits to the community and/or local business:

Event Site Plan and/or Venue Layout: *Please attach copy of the event site plan/map. Please note how any access issues have been addressed (eg) Support of people with a disability to participate in your event.*

Risk Management and Emergency Response Plan:

How will you prevent risks from occurring? How will you manage any incidents that may occur?

Please attach copy of a Risk Management and Emergency Response Plan for the event.

Major elements or components associated with the event (e.g. local foods, amusement rides):

Is the event open to the public? Yes No

Is the event free or ticketed? (*Please indicate the cost of entry*)

How many people are expected to attend the event?
% of people from within the Light region?
% of people from outside of the Light region?

Provide an advertising or marketing plan: **How will you promote the event?**
Please attach copy of the Event Marketing Plan.

Will the event be held on a public street or footpath? Yes No

Will food and/or beverages be supplied? (sold or no cost) Yes No

If your application is successful you will be required to complete an event application with road closure request and/or listing of food vendors.

Please list any other community groups or organisations involved with this event:

Please provide any further information about the proposed event you consider necessary:
Will a road closure be required? How will traffic and parking be managed?

Financial Assistance History

Please list all grants, sponsorships and donations received by your organisation from Council over the last three (3) years. (Attach separate sheet if required)

Amount Received	Date	Purpose to which funds were applied	Acquittal
\$			Yes No
\$			Yes No
\$			Yes No
\$			Yes No

If you have previously received funds from Council, has an acquittal and evaluation been received by Council? Yes No
If no, why not?

Details of other funding sources

Has your organisation submitted applications for financial assistance (e.g. grants or sponsorship or donations) from other bodies for this event? Yes No

If yes, please complete the following table:

Funding Body	Date Application Lodged	Amount Sought	Amount Granted

Event Budget Details

Amount sought through this application: \$

Details of how this grant will be spent on the event: (Attach separate sheet if required)

Item	Amount

Overall Event Expenditure / Income

<p>What is the total (estimated) cost to hold this event? \$ Please provide details of major event-related expenses</p>
<p>What is the expected income for this event? Please provide details of expected event income (e.g. ticket sales, fundraising, donations):</p>
<p>In-kind support – please list any in-kind support expected to be provided for the event (e.g. Volunteer hours, equipment loan, venues offered at no cost, etc):</p>

Pre-submission checklist

I have reviewed the Event Sponsorship Program guidelines and eligibility criteria in the <i>Sponsorships, Grants and Incentives Scheme Handbook</i> and my event is eligible	
Application completed and signed	
Requested grant funding amount is less than 50% of total cost of event	
All required supporting information is attached to this application (eg. quotations)	
Public Liability Insurance certificate of currency attached – minimum \$10 million	
Confirmation from property owner approving use of venue/site for the event	
Event Application, Risk Management and Emergency Response Plan provided	
Agree to acknowledge Council as a sponsor of the event in any publicity or promotion, incorporating the corporate logo as provided by Council staff	
Bank account details provided (if application successful, payment made by EFT)	
Declaration completed (Page 6) where no ABN is required form (if you do not have an ABN)	

Return your completed ESP application to Light Regional Council:

- Via email: light@light.sa.gov.au
- Via post: PO Box 72, KAPUNDA SA 5373
- In person to 93 Main St. Kapunda, or 12 Hanson St Freeling.

Applicants Declaration

I (print name) _____ on behalf of
(organisation) _____

have read and understand the conditions of the sponsorship, and hereby agree to be bound by them. I declare that this application has been completed accurately and all information given is true and correct and that no pertinent information which may affect this application has been omitted or withheld.

If this application is successful, I agree to submit a completed Event Application and all requested documentation to Council at least twelve (12) weeks prior to the event. I understand that the payment of Event Sponsorship Program (ESP) funding will occur once all event permit requirements are met.

If this application is successful, I agree to submit a completed Event Sponsorship Program (ESP) acquittal and evaluation form (with copy of invoices) to Council no later than four (4) weeks after completing the funded event, including photos of the event.

Signed _____ Date _____

Appendix 1 - ATO Declaration

DECLARATION WHERE NO AUSTRALIAN BUSINESS NUMBER IS REQUIRED

On behalf of _____ (organisation name) I hereby certify that I/we are not required under the New Taxation System to hold an Australian Business Number (ABN), as we are not carrying out an enterprise under the New Tax System definition.

I am/we are performing our services for the community as (please tick):

- A private recreational pursuit or hobby (please circle): Yes No OR
- As an individual/organisation without reasonable expectation of profit or gain: Yes No

As such the Council is not obliged to withhold 46.5% from payments made to me/us. I confirm that the above declaration is valid for all payments made by Council to me/our organisation. Should the situation change and I am/we are required to hold an Australian Business Number, I will notify Council immediately.

Name:

Signature:

Organisation:

Date:

Appendix 2 – Bank details

Company/Business Name: <i>(your Trading Name)</i>	
ABN Number:	
Payment Type:	EFT (please complete the following 4 fields for EFT)
Name of Bank:	
Account Name:	
Account BSB Number:	
Bank Account Number:	
Email Address: <i>(for remittance advice)</i>	
Your Reference:	
Contact Person's Name:	
Phone Number:	
Fax Number:	
Address (inc Postal)	