

## **Event Sponsorship Program Acquittal**

| APPLICANT DETAILS Da  | ite of application:                           |  |  |
|---|---|--|--|
| Name of organisation:   |   |  |  |
| Contact person for organisation:  |   |  |  |
| Position held by contact person:  |   |  |  |
| Postal address:   |   |  |  |
| Suburb:   | Postcode:                                     |  |  |
| Telephone:  | Mobile:                                       |  |  |
| Email:  |   |  |  |
| ESP Grant amount: \$  | Date received:                                |  |  |
| Name of event:  |   |  |  |
| Event type: (please tick) Community   | Regional                                      |  |  |
| Date(s) of the event:   |   |  |  |
| Venue / location of event: (where was the event held?)  |   |  |  |
|   |   |  |  |
| Please provide a brief summary of the Was the event open to the public?                         | event outcomes:                               |  |  |
| Was the event free, ticketed or a combination? ( <i>Please provide details of entry costs</i> ) |   |  |  |
| ,   | ( ····,                                       |  |  |
| 1   |   |  |  |
| What was the estimated total attendance attendance?)  | ce at the event? (How did you determine total |  |  |

| What were the major elements or components associated with the event (e.g.  |
|---|
| showcase local foods, musical performance, amusement rides etc):  |
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| Did you refer to an Accessible and Inclusive Events Checklist? YES NO (download from Council's website or Inclusive SA website)             |
|   |
| (download from Council's website or Inclusive SA website)  Please provide an overview of how any access issues were addressed (eg) How were |
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| List the benefits achieved for the community/local businesses/region from the event (Outline the ways that the event benefited the community, local businesses, the Light |  |  |  |  |
|---|--|--|--|--|
| region in general)  |  |  |  |  |
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|   |  |  |  |  |
| Please list all community groups or local organisations involved with this event:   |  |  |  |  |
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| How did you promote the event?  |  |  |  |  |
| Please attach a copy of all publicity and marketing material that included Light Regional Council acknowledgement, branding or logo placement.                            |  |  |  |  |
| Did you list the event on the Australian Tourism Data Warehouse?  Yes No  |  |  |  |  |
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| Event Income and Expenditure   | Total cost to stage event \$ |                 |
|--|------------------------------|-----------------|
| Did your organisation receive financial assistance (e.g. grants or sponsorship or donations) from other funding bodies for this event?   Yes  No  If yes, please complete the following table: |                              |                 |
| Name of Funding Body   |                              | Amount received |
|  |                              |                 |
|  |                              |                 |
|  |                              |                 |
|  |                              |                 |
| What was the total income for this event? \$ Please provide details of event income (e.g. ticket sales, fundraising, donations):   |                              |                 |
| Thouse provide details of every modific (e.  | g. noner caree, ramararan    | 19, 40.14.10).  |
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|  |                              |                 |
| Please provide details of how Council's Event Sponsorship grant was spent on the event:  |                              |                 |
| (Attach separate sheet if required and pro-  | vide copies of invoices/re   | eceipts)        |
| Item   | A                            | mount           |
|  |                              |                 |
|  |                              |                 |
|  |                              |                 |
|  |                              |                 |
|  |                              |                 |

| List any in-kind support for the event (include any volunteer hours, loan of equipment, subsidised venue hire)  |
|---|
|   |
| I (print name) on behalf of (organisation)  |
| declare that this application has been completed accurately and all information given is true and correct and that no pertinent information has been omitted or withheld. |
| SignedDate  |

No

Return your completed ESP Acquittal to Light Regional Council:

I consent to event photos being included in Council's annual report Yes

Via email: <a href="mailto:light@light.sa.gov.au">light@light.sa.gov.au</a>

Via post: PO Box 72, KAPUNDA SA 5373

In person: to 93 Main St. Kapunda or 12 Hanson St Freeling.