

7.

Sponsorship Application Form 2018/2019

Closing date for applications: 29 January 2019

- All applications must be received by the closing date and will be determined in accordance with Council's Sponsorship Policy. This policy can be viewed at http://www.shellharbour.nsw.gov.au
- Successful and unsuccessful applicants will be notified in February 2019.

All applications to be submitted to: The General Manager

Shellharbour City Council

Locked Bag 155 Shellharbour City Centre 2529

Fax: (02) 4221 6016

| or email: council@shellharbour.nsw.gov.au | |
|---|--|
| 1. Name of Event: | |
| 2. Date of Event: / / Start time: / Finish time: / | |
| 3. Location of Event : | |
| 4. Name of applicant: | |
| Postal address: | |
| Contact person: | |
| Email:ABN (if applicable) | |
| Registered for GST? Yes No | |
| Phone:Mobile:Fax: | |
| 5. Essential Criteria - please tick as applicable: City wide event /activity Local general community event/activity Sporting event – state/national significance | |
| 6. Brief description of your event: | |
| Have all relevant Council or other statutory applications been submitted in r elation to this event? Please describe eg traffic management, waste wise plan, local approval or Development Application if required. If you require clarification, please contact Council's Events Officer on 4221 6389. | |

| 8. Who is the target audience for your event? | | | | |
|--|--|--|--|--|
| 9. How many people do you expect will attend your event? | | | | |
| 10. What type of sponsorship are you seeking from Shellharbour City Council: Monetary | | | | |
| Cash: Amount request \$ | | | | |
| In- kind: Please provide details | | | | |
| 11. How would sponsorship from Council be used for this event? | | | | |
| 12. Have you applied for any other sponsorship for this event, including from Council? No Yes Please provide details | | | | |
| 13. Have you received sponsorship from Council, or assistance through any of Council's grants programs, in the past? No Yes Please provide details (eg amount and year/s): | | | | |
| 14. What experiences do you / your organisation have in organising similar events? (If applicable, please also attach your organisation's Constitution or Articles of Association to this application form.) | | | | |
| 15. How will your project be managed, and by whom? | | | | |

| 16. How will your event be promoted? | | | |
|--|--|--|--|
| | | | |
| | | | |
| 17. What are the expected or | utcomes of this event? | | |
| | | | |
| | | | |
| | sure the success of your event? it a report using Council's Sponsorship Evaluation Form with | nin three months of the staging of their event.) | |
| | | | |
| 19. Please complete the follo | owing draft or indicative budget for your event. | | |
| | mation can be attached if appropriate. | | |
| Other relevant illiancial illion | nation can be attached if appropriate. | | |
| | | | |
| | | | |
| | | | |
| Expenditures | | | |
| - | ITEM | TOTAL COST | |
| Venue Hire | | | |
| Catering | | | |
| Staff Internal | | | |
| Staff External hire | | | |
| Entertainment. eg. MC, performers, DJ | | | |
| Hire Equipment, eg, stalls, stage, toilets | | | |
| Sound & Lighting | | | |
| Marketing & PR | 1 | | |
| Cleaning | - | | |
| Security | + | + | |
| · · | | | |
| Traffic Management | | | |
| First Aid | | | |
| Other (Please list) | | | |
| TOTAL EXPENDITURES | | | |
| Income | | | |
| | ITEM | TOTAL COST | |
| Sponsorship/ grant funding | | 1017/12 0001 | |
| Entry fees/ ticket sales | <u> </u> | | |
| Internal Staff – in-kind | | | |
| Donations | | | |
| Rides | + | | |
| SUBTOTAL | | | |
| OUDIVIAL | | | |

Shellharbour City Council respects your privacy at all times. When processing your application we collect personal information about you for the primary purpose of providing you with a high level of customer service. For more information please see our Privacy Management Plan on our website www.shellharbour.nsw.gov.au or contact our Privacy Officer on 02 4221 6111. Information leaflets are also available at all offices and libraries.