

Community Grants Program

Major Event Sponsorship
Application Package

Major Event Sponsorship Application Package

Applications are invited from incorporated not-for-profit organisations/associations, or those limited by guarantee, based or providing services within the Rockingham community to assist with the delivery of major events that benefit the Rockingham community. Eligible applicants can apply for amounts up to \$20,000 per year for up to three (3) years. Major event sponsorships are considered by Council and require 60 working days to process. A formal grant acquittal process is mandatory and must be received by the City of Rockingham within 60 working days after the completion of the event.

Major Event Sponsorship applications can be submitted at any time however they are only considered two times a year. Applications must be completed in full by the applicant and received by the City by the closing date.

Grants will only be considered if:

- ✓ The applicant is an incorporated not-for-profit organisation/association, or is limited by guarantee (e.g. club, community group including Parent and Citizens (P&C) or Parent and Friends (P&F) Associations);
- ✓ The applicant has current public liability insurance at the time of the major event;
- ✓ The major event delivers significant benefits for the Rockingham community;
- ✓ The major event takes place at a strategic location within the boundaries of the City of Rockingham;
- ✓ The applicant can provide evidence of delivering a successful event in previous year/s, e.g. attracting over 5000 people for Community Development Events;
- ✓ With inaugural events the applicant must demonstrate experience of managing similar scaled events or partnerships engaged utilising these skill sets to deliver a successful event;
- ✓ The applicant has supplied quotes for all purchases in accordance with the Major Event Sponsorship Guidelines;
- ✓ The applicant can demonstrate significant volunteer involvement with the major event;
- ✓ The applicant identifies the City as a major sponsor;
- ✓ Applications have been received completed in full by the City by the closing date;
- ✓ The applicant has consulted with a City staff member about this project prior to submitting the Grant application.

Grants will NOT be considered if:

- ✗ The applicant is a Local, State or Commonwealth authority;
- ✗ The applicant is an individual, a school, or a private company;
- ✗ The applicant has already received City of Rockingham funding towards the event:
A grant from the City's Community Grants Program for the same major event being held in the current financial year;
Iconic event funding provided through the City's Economic Development Strategy 2020-2025;
- ✗ The applicant has failed to acquit any previous City of Rockingham grants
- ✗ The applicant does not supply all supporting documentation, or the application is incomplete
- ✗ The applicant is seeking funds for essential infrastructure, goods and services that should be funded by the applicant or another responsible body
- ✗ The application is for fixed infrastructure (to develop, ,modify, upgratd buildings)
- ✗ The application is received by the City after the closing date;
- ✗ The applicant is requesting funding for retrospective payments;
- ✗ The major event begins within 60 working days after the closing of the round; and
- ✗ Budget items listed include bonds, employee salaries/ wages, seasonal ground allocation and event management fees.

Prior to applying, please also read the full Community Grants Program Policy and Guidelines on the City's website (rockingham.wa.gov.au).

Completed proposals should be forwarded to:

Electronic copies (10MB per email): customer@rockingham.wa.gov.au

Hard copies:

Community Capacity Building, City of Rockingham, PO Box 2142 ROCKINGHAM DC WA 6967

Major Event Sponsorship: Application Form

The Community Grants Program aims to provide assistance to incorporated not-for-profit organisations/associations, or those limited by guarantee (e.g. community groups and clubs), that can deliver significant benefits and outcomes in the target areas listed below. Please select the event and term that is the best fit for your event sponsorship:

☐ **Economic Development Event:** An event that can clearly demonstrate it will provide: significant direct stimulus to the local Rockingham economy, including local businesses and extensive marketing opportunities for the City.

Term: ☐ One Year ☐ Up to three consecutive years OR ☐ Inaugural/one-off Event

☐ **Community Development Event:** Past evidence of the delivery of a successful event in the previous calendar year (or years) that attracted at least 5000 people and was conducted in a strategic location that serviced a discrete geographical area. Applicants must demonstrate a legitimate and long standing association with that discrete area.

Term: ☐ One Year ☐ Up to three consecutive years OR ☐ Inaugural/one-off Event

Note: An event funded in Year 1 does not automatically qualify for funding in subsequent years. All applicants need to reapply and be reassessed, unless approved for a three year period.

As an inaugural/one-off event cannot demonstrate past evidence of a successful event, the applicant must demonstrate within the application that it meets relevant funding criteria to be eligible for up to \$20,000 for one year only.

Step 1: The Organisation Details

1.1 Organisation Name (Same as Incorporation Certificate):

| |
|--------------------|
| Organisation Name: |
|--------------------|

1.2 Organisation Address Details (not PO Box):

| | | |
|-------------------|--------|-----------|
| Street Address: | | |
| Suburb/Town/City: | State: | Postcode: |

1.3 Postal Address:

| | | |
|-------------------|--------|-----------|
| PO Box Address: | | |
| Suburb/Town/City: | State: | Postcode: |

1.4 Organisation Contact Details:

| | |
|----------------------------------|-----------|
| Contact Person's Name: | |
| Contact Person's Position: | |
| Phone Number - Organisation: | |
| - Contact Person's Direct Line: | - Mobile: |
| Email - Organisation: | |
| - Contact Person's Direct Email: | |

1.5 Is your organisation registered with an Australian Business Number (ABN) or Australian Registered Business Number (ARBN)?

☐ Yes: please provide details.

| |
|-------|
| ABN: |
| ARBN: |

☐ No (if you do not have an ABN number please download and complete a Statement by a Supplier form, visit www.ato.gov.au).

1.6 Is your organisation registered for Goods and Services Tax (GST)?

☐ Yes (if grant awarded you will be required to send a tax invoice with details of the amount awarded. A City of Rockingham officer will contact you for this.)

☐ No

1.7 Is your organisation incorporated?

☐ Yes: please attach a copy of your Incorporation Certificate.

☐ No: you should apply for a grant through an auspicing body.

1.8 Do you have a copy of the organisation's Financial Statement?

(Financials from last endorsed Annual General Meeting).

☐ Yes: please attach copy of financial statement.

☐ No: your application will be deemed ineligible.

1.9 Do you have public liability insurance?

(MUST be current and will provide cover for the proposed program or event).

☐ Yes: please attach a current copy of public liability insurance certificate.

☐ No: your application will be deemed ineligible.

Does your group have an ABN and is it GST registered?

If YES, you are liable to pay GST. If this applies to you, the City of Rockingham will automatically increase successful grant applications by 10%. A completed Tax Invoice must be provided.

ABN but not GST registered?

If YES, you are not liable to pay GST.

If you do not have an ABN?

If your group is not required to have an ABN, you will need to complete a 'Statement by a Supplier' form. If this form is not supplied, up to 48.5% of the grant or donation may be withheld.

Note: If you are a new club, please contact the City's Community Grants Officer on 9528 0333 to discuss grant application and necessary documentation.

1.10 Do you have a copy of the minutes where the event was endorsed by the committee?

- ☐ Yes: please attach a copy of minutes ☐ No: your application will be deemed ineligible

1.11a Please describe your organisation and its purpose in 150 words or less:

(Include any other important information to build the picture for the assessment panel. How long has your organisation existed? What is the history and current membership?)

1.11b Attach a copy of or provide a hyperlink to the organisation's constitution:

The constitution hyperlink is:

1.12 Will you be applying for this grant through an auspicing body?

- ☐ Yes: please go to Appendix 1. ☐ No: please go to Step 2.

An auspice organisation ensures:

*that the program/event for which the funding is sought, furthers the mission/objectives of their organisation in some way

*checks the constituent documents (constitution, rules, by laws)

*that entering into the auspicing agreement is consistent with the objectives and powers of their organisation.

In the context of grant applications, an auspice organisation is legally and financially responsible to receive the approved grant money, ensure program/event is completed on time, submits acquittal and evaluation report. (See CGP Policy for more detail).

Step 2: Tell us about any previous City of Rockingham CGP grants

2.1 Has your organisation (or the auspicing organisation) received funding from the City of Rockingham within the last 3 years?

☐ Yes: please complete details below.

☐ No: please go to Step 3.

| Title of program/event the funding was used for | Date of funding received (DD/MM/YY) | Amount of funding received \$ | Acquittal Status Completed or Not Required or In Process |
|--|---|-------------------------------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Acquittal Status

Acquittal Status "Completed" – means you have provided a detailed report of how the grant money was used, provision of receipts, photos etc.

Acquittal Status "Not Required" – means the grant did not require an acquittal.

Acquittal Status "In Process" – means the acquittal is not yet due but will be completed.

The City of Rockingham requires all major and some minor grants to be acquitted using the Acquittal and Evaluation Form before applying for another City grant. If you are unsure please contact a City Community Grants Officer on 9528 0333.

Step 3: Tell us about the major event

3.1 What is the title of the event:

Event Name:

| 3.2 What is the TOTAL cost of the event? | | 3.3 Amount of funding requested from the City of Rockingham (Note: Up to \$20,000/year) | |
|--|----|---|----|
| Year 1 | \$ | Year 1 | \$ |
| Estimate Year 2 if applicable | \$ | Year 2 if applicable | \$ |
| Estimate Year 3 if applicable | \$ | Year 3 if applicable | \$ |

3.4 Day/s, dates and time/s of your event?

| Program/Event | Day/s: | Date/s: | Time/s: |
|---------------|--------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3.5 Please select the most appropriate box regarding the cost of your event to the community:

- ☐ Free of charge to community
 ☐ Affordable to the community. State entry fee/charges/cost per person
 \$
☐ Specifically ticketed event. State entry fee/charges/cost per person
 \$

3.6 Major Event Description :

Describe the event, its aims/objectives and how you will achieve these aims and objectives: This is your opportunity to “sell” your application to the assessment panel. Please be clear, concise, logical, structured and informative.

3.7 Please list any significant community benefits your event is likely to have:

| Short term benefits | Long term benefits |
|---------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

3.8 Please list any significant economic benefits your event is likely to have:

For Economic Development Events - state the significant direct stimulus to the local Rockingham economy e.g. how many jobs created, local businesses used, spend in local economy etc.

| Short term benefits | Long term benefits |
|---------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

3.9 Where will the event take place?

| | |
|----------------------|-----------------|
| Venue/Location Name: | Street Address: |
| Suburb: | Postcode: |

3.10 Has the venue/location been booked/confirmed?

☐ Yes: please complete details below. ☐ No: (this is your responsibility to book and confirm)

3.11 Attendees/Participation:

| | |
|--|----------------------|
| How many people do you predict will attend your event? | Number of Attendees: |
|--|----------------------|

3.12 Is there capacity for the event to grow in the future?

☐ Yes: please expand: ☐ No

| | | |
|----------------|----------------|----------------|
| Year 1: | Year 2: | Year 3: |
|----------------|----------------|----------------|

3.13 What age bracket does your event audience target?

☐ Early years 0 - 4 years ☐ Young People 12 - 24 years ☐ Seniors 60+
☐ Children < 11 yrs ☐ Adults 25 - 59 years ☐ All Ages

3.14 If your application relates to hosting/running an outdoor event, has an Outdoor Event Application been submitted to the City?

☐ Yes: approved (attach approval from City's Health Services) ☐ No, not required (attach correspondence/proof from City's Health Services that it is not required)
☐ Yes: submitted (attach correspondence from City's Health Services) ☐ Not Applicable (not hosting outdoor event)
☐ Not yet but aware of this requirement

3.15 Will this event attract overnight stays in Rockingham?

☐ Yes: Please estimate how many people: And estimate number of nights per person: ☐ No

State what the rationale is for this estimate:

3.16 How many volunteers will assist with organising the event?

Number of volunteers involved in the lead up to the event:

Number of volunteers required on the actual day/s of the event:

3.17 Awareness of City's Disability Access and Inclusion Plan (DAIP): I have visited the City's website and viewed a copy of the Disability Access and Inclusion Plan at rockingham.wa.gov.au

☐ Yes

3.18 Tick the following areas, where your organisation has considered the event to be accessible, as per the DAIP:

☐ Access to services and events ☐ Access to information ☐ Equity of service from volunteers and staff
☐ Access to buildings and other facilities ☐ Access to public consultation

3.19a If the applicant is awarded funding from City of Rockingham, they will be required to identify the City as a major sponsor. Apart from the ticked boxes below, how else will the applicant achieve this? (Tick applicable boxes):

- | | |
|--|---|
| <input checked="" type="checkbox"/> City logo on printed materials (flyers, posters etc.) | <input type="checkbox"/> Media - local community newspapers |
| <input checked="" type="checkbox"/> Council banners (as per booking form) | <input type="checkbox"/> Media - outside of Rockingham |
| <input checked="" type="checkbox"/> Acknowledgment of City's contribution (verbal/written) | <input type="checkbox"/> Other, please state: _____ |
| <input type="checkbox"/> Social media (Facebook/website) | |

3.19b Additionally, outline the pre, during, and post event marketing and public relations (PR) opportunities/strategies that will be used for this event, with associated costs. *Remember to include a breakdown of marketing and media (PR) costs in the budget (Step 5).

| State the type of Marketing/PR Opportunity/Strategy and associated cost | | Potential for marketing opportunities for the City | Pre-event (lead-Up) | During Event | Post Event |
|---|---------|--|-------------------------------------|-------------------------------------|--------------------------|
| e.g. Radio Advertising – Coast FM | \$5,000 | Yes | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.20 Will this event make a profit? ☐ No: (not applicable)

☐ Yes: Please list how this profit will be redirected back into the Rockingham community (remember to indicate this anticipated profit in the budget on page 16): _____

3.21 In the table below, list any attempts to secure funding (specific to this event) through other sources:

| Funding Agency | Amount \$ | Approved |
|------------------|------------|----------------------|
| E.g. Lotterywest | E.g \$1500 | (Yes, No or Pending) |
| | | |
| | | |
| | | |
| | | |

Step 4: Past evidence of events/inaugural event

If you are applying for an **Economic Development Event** please fill in step 4A.

If you are applying for a **Community Development Event** please fill in Step 4B.

If you are applying for an **Inaugural/One-off Event** please fill in Step 4C.

Step 4A: Past evidence of economic development events

Visit the City's website rockingham.wa.gov.au to view the Economic Development Strategy.

4.1 What is your experience in delivering economic development events?

- ☐ Some experience in event delivery ☐ Good level of experience in event delivery ☐ Very experienced in event delivery

4.2 How long has the event been running?

- ☐ 1 - 3 years ☐ 3 - 5 years ☐ 6 - 10 years ☐ 11 - 20 years ☐ 21+

4.3 What was the event called in the previous calendar year?

4.4 What were they key outcomes to this event?

4.5 Where was the event located (venue and suburb)?

4.6 How many people attended the event (participants and attendees):

- ☐ 1001 - 5000 ☐ 5001 - 10,000 ☐ 10,001 - 18,000 ☐ 18,001+

If under 1000 please state number:

4.7 How did this event provide significant direct stimulus to the local Rockingham economy, including local businesses; and extensive marketing opportunities for the City?

Step 4B: Past evidence of community development event/s

4.8 What is your experience in delivering community development events?

☐ Some experience in event delivery ☐ Good level of experience in event delivery ☐ Very experienced in event delivery

4.9 How long has the event been running?

☐ 1 - 3 years ☐ 3 - 5 years ☐ 6 - 10 years ☐ 11 - 20 years ☐ 21+

4.10 What was the event called in the previous calendar year/s?

4.11 Where was the event located (venue and suburb)?

4.12 What is the association between the applicant and the location where the event was held?

4.13 How many people attended the event?

☐ 5001 - 10,000 ☐ 10,001 - 18,000 ☐ 18,001+

Step 4C: Inaugural/One-off Event

4.14 What is the main reason for this new event in the City of Rockingham?

| |
|--|
| |
|--|

4.15 What is the direct positive impact of the event on:

| | |
|-------------------------------------|--|
| City of Rockingham? | |
| the community? | |
| businesses operating in Rockingham? | |
| other? | |

4.16 Clearly demonstrate your organisation's ability, experience and knowledge of managing an event of a similar scale (and/or state the partnerships that have been engaged that have the skills to deliver this event successfully).

| |
|--|
| |
|--|

EXAMPLE BUDGET

| Items Income | Total Income \$ |
|--|------------------|
| Organisation cash contribution | \$30,000 |
| Requested grant - contribution towards Temporary Infrastructure cost | \$20,000 |
| Entry fees (80@\$400) | \$32,000 |
| Grant - State Government | \$60,000 |
| Donations - Trophy | \$20,000 |
| Sponsorship | \$25,000 |
| Sale of Memorabilia | \$20,000 |
| Race day sales | \$10,000 |
| SUB TOTAL INCOME | \$217,000 |
| In Kind (e.g. volunteer coordination; administration; lead-up to event; event day volunteers etc.) | \$104,550 |
| TOTAL INCOME | \$321,550 |

The total anticipated profit is \$911.06 if all funding, sponsorship and sales is achieved.

Step 5: Provide the budget for the event

Tips when filling out budget:

1. Applicants that can demonstrate their own financial contributions will be considered favourably.
2. Total income needs to equal total expenditure unless event is a fundraiser and a profit is anticipated. If applicable please state anticipated profit.
3. Do not include GST (where appropriate, 10% will be added to successful grant).
4. Quotes must be supplied for all purchases as per CGP Major Event Guidelines.
5. In-kind contribution refers to donations/inclusion of goods or services that have a value e.g. venue costs, donated materials, or volunteer time.
6. Complete expenditure in-kind first (if relevant), these amounts will be automatically copied into income in-kind.
7. Please calculate the value of volunteer hours at \$25/hour/volunteer.
8. List expenditure items that are to be funded by the City's grant in the grey area.
9. Total expenditure is for the event only.

| Items Expenditure | Total Expenditure \$ |
|--|----------------------|
| Welcome Function (200@\$25) | \$5,000 |
| Presentation Function (200@\$50) | \$10,000 |
| Documentation (80@\$50) | \$4,000 |
| Competitor/Volunteer Pack (200@\$50) | \$10,000 |
| Trophy Presentation | \$20,000 |
| Purchase of Memorabilia | \$20,000 |
| Event canteen supplies | \$10,000 |
| Travel subsidies for overseas competitors (40@\$1000) | \$40,000 |
| Temporary Infrastructure: Hire extra support craft media 4000 Hire extra support craft international jury - \$6000 Hire extra support craft - \$6,000 Hire transportable office with shower for international Jury - \$2,377.30 Hire of transportable toilet block - \$ 2,198 Extra waste removal of skip bins - \$1,000 | \$21,535.30 |
| World Officials Travel and Accommodation Costs Return airfares for international officials - \$6,400 Accommodation - \$5,760 Daily costs and meals - \$2,000 | \$14,160 |
| Advertising and promotion Promotional material - \$7,500 Local area posters, Media etc - \$3,000 Supply individual country flags and poles and bunting - \$1,800 | \$12,300 |
| Security compound and personnel Security fencing - \$ 3,188 Security personnel - \$12,505,641 Security lighting - \$2,400 | \$19,093.64 |
| SUB TOTAL EXPENDITURE | \$216,088.94 |
| In Kind (e.g. volunteer coordination; administration; lead-up to event; event day volunteers etc.) | 104,550 |
| TOTAL EXPENDITURE | \$320,638.94 |

EVENT BUDGET

| Income | Amount (excl. GST) | Expenditure Please list items | Amount (excl. GST) |
|---|-----------------------|--|-----------------------|
| City of Rockingham REQUESTED Grant \$ (maximum \$20,000) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Organisation's cash contribution | | | |
| Donations | | | |
| Sponsorship | | | |
| Other grants/funding | | | |
| Additional contributions from other sources | | | |
| | | | |
| | | | |
| | | | |
| Sub Total Income | | Sub Total Expenditure | |
| Income In-Kind | | Expenditure In-Kind The City recognises your valuable contribution – please estimate value of in-kind contribution | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Sub Total of Income In-Kind | | Sub Total of Expenditure In-Kind | |
| TOTAL INCOME | | TOTAL EXPENDITURE | |

*Anticipated profit is \$

Step 6A: Conflict of Interest

Is any member of your committee employed by an organisation that may benefit financially from this grant if successful?

☐ Yes (please state the nature of this interest):

☐ No

Step 6B: Declaration of Applicant

I _____ (Name of Person)

_____ (Position Title) of

_____ (Organisation Name) do hereby declare that I am authorised on behalf of the organisation to sign this declaration and the information supplied is, to the best of my knowledge, accurate and complete. The City of Rockingham will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. I understand that any decision made by the City of Rockingham is final and is not subject to an appeals process.

Signature: _____ Date: ____/____/____

Witnessed By Officer Bearer:

Name: _____ Position: _____
(Held in organisation)

Signature: _____ Date: ____/____/____

Any information disclosed in this form will only be used by the City of Rockingham for the purposes of assessing funding applications under the Community Grant Program and will be maintained in accordance with the Privacy Act 1988.

Step 7: Checklist

Have you:

- ☐ Completed all the applicable steps
- ☐ Completed Step 6 with a signature from authorised office bearer together with signature from witness
- ☐ Kept a copy of your signed application and attachments.

Have you included the following documents with your application?

Any applications received without all of the appropriate documents will be deemed ineligible.

(Please submit only copies of your original documents)

- ☐ Statement by a Supplier Form if required (see step 1.5)
- ☐ A copy of your Incorporation Certificate (see step 1.7)
- ☐ A copy of Financial Statement (see step 1.8)
- ☐ A copy of Public Liability Certificate (see step 1.9)
- ☐ Copy of minutes (see step 1.10)
- ☐ Provided constitution hyperlink or description (see step 1.11)
- ☐ Supplied written quotes (see step 5)
- ☐ Copy of any other supporting information e.g. proof of outdoor event approval (see step 3.13)
- ☐ Appendix One (1) completed (if required)
- ☐ Appendix Two (2) completed
- ☐ A written agreement between applicant and auspicings body, (if required) see Appendix one (1).

If you have completed all of the above, you are ready to submit your application.

If you have any queries, please contact the City's Community Grants Officer on 9528 0333.

Please submit your application (including attachments) via email, post or in person:

| In Person: | By Mail: | Via Email (10MB limit per email): |
|--|---|--|
| Customer Service City of Rockingham Administration Building Civic Boulevard Rockingham | Community Capacity Building City of Rockingham PO Box 2142 Rockingham DC WA 6967 | customer@rockingham.wa.gov.au Subject: Community Grants Program Major Event Sponsorship |

Appendix 1: Auspice Organisation Details

1.1 Auspicing organisation's name (*legal trading name*):

| |
|--------------------|
| Organisation Name: |
|--------------------|

1.2 Auspicing organisation's registered business address details (*not PO Box*):

| | | |
|-------------------|--------|-----------|
| Street Address: | | |
| Suburb/Town/City: | State: | Postcode: |

1.3 Auspicing organisation's postal address only if different from registered business address:

| | | |
|-------------------|--------|-----------|
| PO Box Address: | | |
| Suburb/Town/City: | State: | Postcode: |

1.4 Auspicing organisation's contact details:

| | |
|--|-------------------------|
| Contact Person's Name: | |
| Contact Person's Position: | |
| Phone Number - <i>Organisation</i> : | |
| - <i>Contact Person's Direct Line</i> : | |
| - <i>Mobile</i> : | |
| Email | - <i>Organisation</i> : |
| - <i>Contact Person's Direct Email</i> : | |

1.5 Is the auspicing organisation registered with an Australian Business Number (ABN) or Australian Registered Business Number (ARBN)?

☐ Yes: please provide details.

ABN:

ARBN:

☐ No (*if you do not have an ABN number please download and complete a Statement by a Supplier form, from www.ato.gov.au*).

1.6 Is the auspicing organisation registered for GST (Goods and Service Tax)?

☐ Yes

☐ No

1.7 Is the auspicing organisation incorporated?

- ☐ Yes: please attach a copy of the Incorporation Certificate.
- ☐ No: your application will be deemed ineligible.

1.8 Do you have a copy of the auspicing organisation's audited financial statement?

(Financial statement from last annual general meeting).

- ☐ Yes: please attach a copy of audited financial statement.
- ☐ No: your application will be deemed ineligible.

1.9 Does the auspicing organisation have public liability insurance?

(MUST be current and provides cover for the proposed activity).

- ☐ Yes: please attach a copy of insurance certificate.
- ☐ No: your application will be deemed ineligible.

1.10 Please describe the auspicing organisation and its purpose in 150 words or less OR provide a hyperlink to the organisation's constitution that explains the purpose of the group:

- ☐ The Constitution hyperlink is: OR ☐ Describe your organisation in 150 words or less *(how long existed, history, current membership, include any other important information to build the picture for the assessment panel).*

1.11 Does your organisation have a written agreement (email or letter) from the auspicing body stating their support for the financial management of this grant?

- ☐ Yes: please attach a copy of the agreement.
- ☐ No: your application will be deemed ineligible.

If the organisation agrees to auspice you, you'll need to work with them to put an agreement into writing. They might already have forms you can use, but if not you may have to develop an inaugural agreement. When drafting an Auspice Agreement, both parties must be careful to include all of their intentions and expectations, and must be clear about roles and responsibilities.

Please continue completing application, go to Step 2.

Appendix 2: Electronic Funds Transfer Application

Conditions of Agreement

Electronic Funds Transfer (EFT) is the City's preferred method of payment. Under this method of payment, the City will electronically deposit amounts owing to you directly into your nominated bank account. A brief description will appear on your bank statement to identify the payment as being from the City of Rockingham. Notification and details of payments are communicated via mailed remittance advice.

If there are any changes in the banking details, please notify the City of Rockingham immediately.

The City of Rockingham will not be held responsible for any delays or errors in payment due to factors out of the City's control (including but not limited to those resulting from banking industry systems).

Completed forms must be returned by email customer@rockingham.wa.gov.au or post to City of Rockingham at PO Box 2142 Rockingham DC WA 6967.

Indicate applicable department to which this application refers:

☐ Accounts Payable

☒ Community Development

☐ Building

☐ Planning

☐ Other _____

Company/Individual's Information

| |
|---------------------|
| Company/Payee Name: |
| ABN Number: |
| Postal Address: |
| Phone Number: |

Bank Details

| | |
|-----------------|---------------|
| Branch: | BSB Number: |
| Account Number: | Account Name: |
| Email Address: | |

Declaration: I/We hereby acknowledge and accept the conditions of direct credit as stated in this application

| | | |
|---|-----------------|-------|
| Company/Individual Name: | | |
| Signature (signed for and on behalf of company): | | |
| Name: | Title/Position: | Date: |

For Office Use Only

| | | | |
|--------------------------|------------------------|-------|------------|
| Accounts Payable Officer | Form Received/Entered: | Date: | Signature: |
|--------------------------|------------------------|-------|------------|