

Event Sponsorship Application

Form Preview

Section A

* indicates a required field

Information about the applicant

Name of Organisation (as per incorporation certificate, charity register or other) *

Organisation Name

Briefly outline the nature of your organisation and its primary purpose *

Word count:

What is your role in the organisation? *

Organisation's Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Project Contact Details

Applicant Contact

First Name

Last Name

Applicant Contact Position

Applicant Contact Primary Address

Address

Applicant Contact Primary Phone Number

Must be an Australian phone number.

Applicant Contact Primary Email

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Must be an email address.

A copy of this application will be sent to the email address associated to the SmartyGrants account.

Incorporation Certificate of Australian Taxation Office Endorsement

Is your organisation registered for GST? *

- ☐ Yes
☐ No

Is your organisation an incorporated 'not for profit' organisation or a company limited by guarantee that has been endorsed by the Australian Taxation Office as a charity, tax exempt fund or deductible gift recipient? *

- ☐ Yes
☐ No

Incorporation Certificate of Australian Taxation Office Endorsement

Please attach a copy of your Incorporation Certificate of Australian Taxation Office Endorsement as a charity tax exempt fund or deductible gift recipient *

Attach a file:

Public Liability Insurance of \$20 million

Does your organisation hold public liability insurance of \$20 million? *

- ☐ Yes
☐ No

Public Liability Insurance of \$20 million

Please attach a copy of your Public Liability Insurance *

Attach a file:

Overdue Debt to Council

Does your organisation have any overdue debts (e.g., general rates, excess water) owing to Council? If so, have you an approved payment plan with Council? *

- ☐ Yes
☐ No

Please provide details of the overdue debt below

*

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Previous Council Sponsorship Recipient

Has your organisation received a previous Council Sponsorship? *

- ☐ Yes
☐ No

Previous Council Sponsorship Recipient Information

What was the date of the sponsorship *

Must be a date.

Please describe the sponsorship *

Acquittal of Council Sponsorship

Has your organisation acquitted the Council Sponsorship? *

- ☐ Yes
☐ No

Acquittal of Council Sponsorship Information

If no, please provide details below *

Section B

* indicates a required field

Project Details

What is your event name? *

Where is the event being held? *

If you would like to attach any other paperwork, please do so here

Attach a file:

Project Permits

Does your project require permits? *

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- ☐ Council Park Hire
- ☐ Temporary Food or Liquor License
- ☐ Other
- ☐ Not applicable

Project Permits Paperwork

Please attach paperwork *

Attach a file:

Written Permission

Does your project/event have written permission from the landowner or a confirmed booking? *

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Written Permission Letter

If yes, please attach a copy of the letter *

Attach a file:

More Information

Briefly describe the event *

Word count:

Must be no more than 200 words.

Total Event Budget *

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Sponsorship Amount Requested *

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Level of sponsorship your organisation is offering or the benefits your organisation is offering to Council (e.g. Gold, Silver, Bronze, Naming Rights etc) *

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Word count:
Must be no more than 200 words.

Please attach brochure, sponsorship prospectus or relevant supporting documentation.

Attach a file:

Event Information

Expected Event Start Date *

Must be a date.

Expected Event End Date *

Must be a date.

Estimated total attendees *

Must be a number.

Estimated Volunteers *

Must be a number.

Type of event? *

- ☐ Education
- ☐ Entertainment
- ☐ Arts/Culture
- ☐ Community
- ☐ Sports
- ☐ Charity
- ☐ Environment
- ☐ Business
- ☐ Other:

(tick relevant boxes)

Target Audience *

- ☐ Children 0-12
- ☐ Youth 13-18
- ☐ Education
- ☐ Entertainment
- ☐ Arts/Culture
- ☐ Community
- ☐ Sports

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How will the event benefit Mount Isa City Council residents and have a positive impact on the community? *

Word count:

Must be no more than 200 words.

Please provide comprehensive detail of the economic benefit your event/activity will provide to the Mount Isa LGA community? *

Word count:

Must be no more than 200 words.

What will the sponsorship funds be used for? *

Word count:

Must be no more than 200 words.

Have you applied for funding other than Mount Isa City Council or received funding from any other sources for this event? *

- ☐ Yes
☐ No

If yes, please list the sources and amounts below

Income	\$	Has the Funding Been Accepted?

More Information

How will Mount Isa City Council be recognised for providing Sponsorship if the application is successful? *

How do you plan to measure the success of your event? *

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Word count:

Must be no more than 200 words.

How does your organisation give back to the community? *

Word count:

Must be no more than 200 words.

Please provide the budget for the sponsorship your organisation has requested

Please describe each type of income and expenditure. (e.g., materials, equipment, labour hire, cash in hand, donated materials and equipment other income)

Income	\$	Expenditure	\$

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Certification Paperwork

* indicates a required field

Certification by Organisation

The certification must be signed by two (2) executive officers of the organisation, e.g. the president/chairperson and another executive officer. In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature. I certify that:

1. To the best of my knowledge the information given in this document is true and accurate
2. If funding is allocated to our program, project or event:

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- a. I will be required to accept the funding in accordance with the Mount Isa City Council's conditions of funding including any special conditions (refer to Guidelines)
- b. The project report and acquittal form accompanied with receipts and invoices will be completed and returned to Council within six (6) weeks from the end of the program, project or event.
- c. I understand that if the conditions of funding are not complied with:
 - i. Council will recover the funds allocated
 - ii. Future applications for funding from Council may not be considered.

Individual One *

First Name

Last Name

Position *

In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

PRIVACY STATEMENT - The information collected on this Form will be used by the Mount Isa City Council Finance Department in accordance with the processing or assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Information Privacy Act 2009). This information may be stored in the Council database. The information collected will be retained by the Public Records Act 2002.

Individual Two *

First Name

Last Name

Position *

In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

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Creditor Details

Please download the below form and complete the required fields to be set up in our system. This will be used for disbursement if the application is deemed successful.

[Creditor Details Form - Mount Isa City Council](#)

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Please upload the Creditor Details form *
Attach a file: