Welcome

* indicates a required field

Thank you for taking the time to submit an expression of interest for funding under this program.

By submitting this form you are:

- Seeking a three year agreement with Council and;
- Committed to hosting an event that is free to the public and occurs between late November and January over the next three year period (2022-2025).

What do I need to do before applying?

You will need to have the following information available to complete this form:

- An electronic copy of your Certificate of Currency and Public Liability
- A copy of your meeting minutes confirming commitment to hosting your event for the next three years
- Project budget
- A copy of your incorporation and ABN number
- A copy of your most recent financial statement
- Details of Auspicing body if applicable

For more information

Contact Council's Grants Officer on (07) 5329 6437 or grants@noosa.qld.gov.au.

- Festive Season Guidelines
- Frequently Asked Questions
- Help Guide for Applicants

Incomplete, ineligible and late applications will not be considered.

Save your work every few minutes. Use the 'Save Progress' button located at the top and bottom of every page.

Applicant Eligibility

1. What is the name of the Council Officer with whom you have discussed this application?

2. I am a legal not for profit entity. *

○ Yes	 No - complete the applicant details and arrange to be supported by an auspice organisation.
Eligibility details are contained in the guideline is or is not eligible.	s and the Grants Officer can advise if your organisation
3. I have met acquittal conditions for ○ Yes	previous Council grants ○ No
4. I have no debt to Council or entere with Council.	d into scheduled payment arrangements
○ Yes	○ No
Applicant Details	
* indicates a required field	
Privacy Notice	
this application and for remaining in containformation in accordance with the <i>Local C</i>	you have provided for the purpose of processing oct with you. Council is authorised to collect this <i>Government Act 2009</i> and other local government essed by persons authorised to do so. Your dance with Council's Privacy Policy.
	is application and in any related documentation pers of the assessment panel in order to assist
By submitting this application you consent name, the project's name, an project desc information may also be used for promoting	ription and Council's funding contribution. This
Applicant organisation details	
5. Applicant organisation's name *Organisation Name	
6. Applicant organisation's primary (p Address	ohysical) address *
Suburb State Postcode Must be an Australian post code	
• • • • • • • • • • • • • • • • • • • •	

7. Applicant organisation's postal address (if different from above) Address

Suburb State Postcode Must be an Australian post code
Must be all Australian post code
8. Applicant organisation's website
Must be a URL
O. Control novement
9. Contact person * Title First Name Last Name
10. Position held in organisation *
11. Email address *
Must be an email address.
12. Daytime phone number *
Must be an Australian phone number.
13. Upload the Meeting Minutes that show that the committment to organise the Festive Event for the coming three years. * Attach a file:
Recommended no more than 5MB per attachment.
Applicant organisation registration
14. Applicant organisation's incorporation, ASIC or ORIC number. *
Incorporated Association or Australian Corporation Number. If you are not incorporated you are not eligible to apply and must be auspiced by an organisation that is eligible.
15. Applicant organisation's Australian Business Number (ABN) *
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.
Information from the Australian Business Register
ABN

Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type More information **ACNC** Registration Tax Concessions Main business location Must be an ABN.

Auspice Details

* indicates a required field

Auspice organisation details

This is the Auspice section which activated because of your answer to Question 2. The grant and event needs to be auspiced by an eligible organisation.

The auspice organisation will take full legal and financial responsibility for the delivery of this event and the grant administration for the coming three years. For example, the auspice organisation will sign the Deed of Agreement and receive the grant payment.

It is mandatory for the President, Chair, Secretary or Treasurer of the Auspice Organisation to provide an agreement or at least a letter indicating agreement to take on the auspice responsibilities for the three years, 1 July 2022 to 30 June 2025

CSPONSI	Dilities 10	i the thice y	cars, I july 20.
See guid	le to an A	uspice Agre	<u>ement</u> .
16. Atta organis Attach a	ation. *	ned agreer	ment betweer
Recomme	ended no r	more than 5M	B per attachmen
	pice org ation Nam	anisation's ne	name *
18. Aus Address		anisation's	primary (phy
		D 1	
Suburb Must be a	State an Australia	Postcode an post code	

Address
Suburb State Postcode
Must be an Australian post code
20. Auspice organisation's website
Must be a URL.
21. Auspice contact person * Title First Name Last Name
22. Position in Auspice organisation *
23. Contact person's email address *
Must be an email address.
24. Contact person's daytime phone number *
Must be an Australian phone number.
Auspice organisation registration
25. Auspice organisation's incorporation, ASIC or ORIC number.
26. Auspice organisation's Australian Business Number (ABN)
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.
Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)

ATO Charity Type	More informa	<u>tion</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			_
Event Details			
* indicates a required field			
Event Name			
27. Event Title *			
28. Approximate date of I	next Festive Sea	ason event. *	
29. Why is the event need	ded? *		
Please include evidence of subs	tantiated communi	ty support for the ever	nt (beyond the organisation
membership base),		7	(i i j i i i j i i j i i i j i i i i i
30. Please provide a desc	ription of your	event. *	
Explain the the who, what, when	re and why of this e	event.	
21. Blaces in shade and a			Al
31. Please include any ev Attach a file:	idence of comm	iunity support for	tne event.
For example, evidence of collab shared interests and opportunit		nent with other organis	sations where there are
32. Approximately how m	any are expect	ad to attend your	event? *
52. Approximately now in	ally are expect	ed to attend your	eventi
33. Where does the event Address	t take place? *		

Suburb Sta		Postcode post code			
34. What in	suranc	e does y	our organisa	tion have in pla	ce to conduct your usual
activities? Public Lia Voluntee Building Contents Other:	ability Ir r Insura Insuran	nce ce			
35. Upload Currency he Attach a file:	ere. *	rganisati	on's current	Public Liability	Insurance Certificate of
36. If you h Attach a file:		project pl	lan, please u	pload it below.	
Event Bu	dget				
* indicates a	require	d field			
Expenditur	e items	;	Type of Exp	ense	\$ Expenditure
					<u> </u>
37. Total Ex	kpendit	ure Amo	unt		
\$					

38. Why does your organisation need funding from Council to deliver this event?

This number/amount is calculated.

A high score will be awarded if the a sources (including own cash at bank event where no other external funding	and in-kind	l) and demonstrates			
39. Upload the most recent fi auspice organisation is involved. Attach a file:					
Recommended maximum file size is	5MB.				
Certification					
* indicates a required field					
Certification					
I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if Noosa Council approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application, policy and funding agreement. By submitting this form we are seeking to re-new a Three Year Festive Season Event Grant					
for another three years. We understand this commits our organisation to organising and hosting the Festive Season Event for the next three years.					
	Certification must be agreed to by two representatives of the applicant organisation				
Name (Chair or President) *	Title	First Name	Last Name		
Position *					
l agree *		vide them with this	○ No er person either have them with <u>link</u> , along with the Login / User		
Name (Secretary or Treasurer) *	Title	First Name	Last Name		
Position *					

I agree * O Yes O No