



EVENT MARKETING FUND APPLICATION FORM

Application No. _____
(office use only)

First – Check your eligibility

- | | |
|---|---------------------------------|
| Will the event deliver significant economic benefits to the District? | Yes
<input type="checkbox"/> |
| Will the event deliver significant social benefits to the District? | <input type="checkbox"/> |
| Will this event attract attendance from the wider area ? | <input type="checkbox"/> |
| Will this event become an annual occurrence? | <input type="checkbox"/> |

If you have ticked any of the above, continue

<u>Is funding sought for</u>	Yes		Yes
a) facility development?	<input type="checkbox"/>	d) a project already funded by Kawerau District Council?	<input type="checkbox"/>
b) a project which will have started by the time grants are announced?	<input type="checkbox"/>	e) an ongoing expense in your organisation?	<input type="checkbox"/>
c) debt servicing?	<input type="checkbox"/>	f) fundraising?	<input type="checkbox"/>

If you ticked YES to any of the questions a) to f) above, your project may not be eligible. Contact the Economic Development Officer at Kawerau District Council before continuing.

1 Tell us about yourself

(If you are an individual some of these questions may not apply)

Name of organisation _____

Postal address _____

Street address _____

Telephone No _____ Fax: _____

Email _____

Contact names

Please give the names of two people who we can contact if we need more information. The first contact must be the person who filled out the form. Under the Privacy Act (1993) consent from these people must be given before their details are recorded here.

• Name _____ Phone (day) _____ (eve) _____

• Name _____ Phone (day) _____ (eve) _____

1.1 What are your organisation’s objectives?

1.2 Is your organisation a legally constituted trust or incorporated society? *Please enclose a copy of your Certification of Incorporation.* Yes No

1.3 Are you registered for GST? Yes No

1.4 If yes, write your GST number here

1.5 Please name up to two referees for you and your project

- Name _____ Phone (day) _____ (fax) _____
- Name _____ Phone (day) _____ (fax) _____

1.6 Please attach a bank generated deposit slip to the back of this application form.

2 The Event

2.1 When will your Event take place?

Start date of your Event: _____ Finish date of your Event: _____

2.2 In which local authority area(s) will your Event take place?

2.3 Please tell us about the type of event you intend to run (If you have a separate project plan or require more space, please list the key points here and attach a full description of your proposal to the back of this form)

2.4 Where will the participants of your Event, come from? Please estimate numbers.

2.5 Does your Event target a particular age group? Please tick appropriate box

- under 24 25 – 54 yrs Over 55 All People

2.6 What will be the benefits of your Event to the Kawerau District?

2.7 How will you advertise or promote the Event?

3 Money and Resources

3.1 Outline the costs of your Event. You may include a percentage of overhead costs, including salaries (except volunteer labour) which apply to the project. Where appropriate, please include written quotes. Organisations not registered for GST should include GST with their estimates.

Expenditure		Income	
Fees/Salaries	_____	Entry Fees	_____
Fares/Travel	_____	Donations/Kohas	_____
Electricity, lighting, etc	_____	Donated Material	_____
Rent/Hire of Venue	_____	Grants	_____
Project materials	_____	Subsidies	_____
Equipment Hire	_____	Sponsorships	_____
Advertising/Promotion	_____	Spectator Revenue	_____
Publications/Programmes	_____	Fundraising Profits	_____
Postage/Telephone/Admin	_____	Members or subs	_____
Other	_____	Other charges/fees	_____
Other	_____	Other	_____
Other	_____	Other	_____
Total Expenditure:	A <u>=====</u>	Total Income:	B <u>=====</u>

3.2 Please specify amount of funding requested.

\$1,000 initial Grant

\$ 500 second year Grant

3.s Please specify how the funds requested will contribute to the success of the event.

4 Financial Background

- 4.1 If you are an existing group or organisation, provide details from your last set of annual accounts
- 4.2 If you are an individual, please provide personal references

5 General

- 5.1 If the Kawerau District Council were unable to give the full amount requested, what effect would this have on the event? Please indicate the most likely option.
- a) Delay Event by months
 - b) Prevent Event being carried out
 - c) Require downgrade of Event

6 Declaration

- 6.1 We/I declare that the information supplied here is correct.

If the application is successful, We/I agree to:

- a) Acknowledge the offer of a Grant for our event and expend this funding exclusively for the purpose for which it was applied for.
- b) Return the Accountability Form (which will be sent to me in due course by the Kawerau District Council) and a signed Income and Expenditure Statement or a Balance Sheet from my organisation for our project within two (2) months of the project's completion.
- c) Undertake to repay to the Kawerau District Council any, or all of the, Grant provided should, for any reason, the project not be undertaken as proposed or the funds approved not be required for the completion of the project. Repayment will accompany the Accountability Form.
- d) Acknowledge the support received, from Kawerau District Council wherever possible, in promotional, advertising and documentation materials relating to the project, by the inclusion of the words "Supported by Kawerau District Council" and/or the use of its logo.
- e) Participate in any funding audit of my organisation or project conducted by the Kawerau District Council.

I consent to the Kawerau District Council collecting the personal contact details provided above and retaining and using these details for the purpose of review of the Event Marketing Fund. I undertake that I have obtained the consent of the other contact person to provide these details. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Names and Signatures of TWO people

Name: _____ Name: _____

Signature: _____ Signature: _____

Position: _____ Position: _____

Date: _____ Date: _____

Need help?

If you would like some help to fill out this application form, please contact the Economic Development Officer, Kawerau District Council, ph (07)306 9009

Please return your application to
The Economic Development Officer
Kawerau District Council
Private Bag 1004
KAWERAU 3169

Ph: (07) 306 9009
Fax: (07) 323 8072

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