

Dinner Plain Event Funding Program 2024-25

Form Preview

BEFORE YOU APPLY

* indicates a required field

Before starting your application, ensure you have read the guidelines and are aware of what will and will not be funded, who can apply, terms and conditions of funding, sponsorship levels and the assessment criteria.

Please ensure your application meets the following criteria before continuing:

Is your event taking place in Dinner Plain Shire between 1 July 2024 and 30 June 2025? *

- Yes - eligible to apply
- No - ineligible; do not apply

If you are applying for Community Grants please ensure you apply via the correct funding program, DO NOT use this form.

Is the organising committee financially viable and will you have adequate insurance in place for the event? *

- Yes - eligible to apply
- No - ineligible; do not apply

Minimum public liability coverage of \$20 million is required for any event held in the Alpine Shire Council.

Does your event meet the event funding eligibility criteria? (Table 11, page 35 Alpine Shire Events Strategy) *

- Yes - eligible to apply
- No - ineligible; do not apply

Download a copy of the strategy here: [Alpine Shire Council Events Strategy](#)

If you have received event funding in the past, have you successfully acquitted your previous application/s?

- Yes - eligible to apply
- No - ineligible; do not apply
- Not applicable

Did you receive any assistance and/or advice from an Alpine Shire staff member or Councillor in relation to this application?

- Yes - please provide more information
- No - continue application

Note: This does not include Alpine Shire Council Customer Service (front desk) staff

Your application is ineligible.

If you wish to proceed with this application please contact the Events Team on 03 5755 0555 or email events@alpineshire.vic.gov.au to discuss your proposal.

Dinner Plain Event Funding Program 2024-25

Form Preview

Please provide further information about any assistance and/or advice you have received from an Alpine Shire staff member or Councillor in relation to this application

This information will assist in ensuring full transparency and accountability during the assessment process. This information will not affect your application.

Please indicate which Councillor/s and/or staff member/s you spoke to (add name/s of staff member under 'Other'):

- Cr John Forsyth Cr Ron Janas Cr Kelli Prime
 Cr Tony Keeble Cr Katarina Hughes Other:
 Cr Simon Kelley Cr Sarah Nicholas

If you are not sure of the staff member's name, please indicate their role or department, e.g. Events Team, Tourism etc.

Section 1: EVENT DETAILS

* indicates a required field

Event Name *

Event Description *

Provide a short description (100-200 words recommended) of your event - what is it about? who is involved? what does it aim to achieve?

Start Date *

Must be a date.

End Date *

Must be a date.

Location/s of Event *

Please include the primary location at which your event will be held, along with any other relevant satellite locations

Type of Event (select all the apply) *

- Food & Drinks
 Nature Based Experiences
 Cycle Tourism

Dinner Plain Event Funding Program 2024-25

Form Preview

- Arts, Culture & Heritage
- Markets
- Sporting Events & Clubs
- Community
- Snow
- Other:

Expected total number of attendees *

Must be a number.

Is this a new or existing event? *

- New event
- Existing event

In what year was this event first held? *

Must be a number.

How many times has this event been held? *

Must be a number.

What was the total number of attendees at the last event? *

Must be a number.

Tell us how your event aligns with the priorities of Council's Public Health & Wellbeing Plan *

Download a copy of the plan here: <https://www.alpineshire.vic.gov.au/council/our-council/corporate-plans-and-reports#councilplan>

Waste management at your event is your responsibility. Please describe what actions you will take to reduce waste at your event. List at least 3 actions. *

For more information about reducing waste at your event, click here: <https://www.alpineshire.vic.gov.au/business/events/waste-wise-events>

Dinner Plain Event Funding Program 2024-25

Form Preview

Section 2: FUNDING DETAILS

* indicates a required field

Ensure you have read the Guidelines and are familiar with the sponsorship funding Tiers to select the category most applicable to your event.

If your event is categorised as a Signature Event, please contact Council's Events Team to discuss your proposal - do not continue this application.

Please select a funding category: *

- Tier 1 - Large-scale tourism events (\$10,000 for up to 3 years)
- Tier 2 - Medium to large-scale tourism or community events (up to \$5,000)
- Tier 3 - Small scale community events (up to \$2,000)
- One-off Community Event

Section 2. FUNDING DETAILS

* indicates a required field

Budget

Please provide a detailed budget for your event. The budget must include a breakdown of all income sources including other sponsorships, donations and in-kind support and all expected expenditure.

Please DO NOT include a sponsorship amount from Alpine Shire Council in this table.

The figure shown in the 'Expenditure - Income' box below shows the projected deficit between the total cost of your event against the total funds you have available. Your funding request should not exceed this amount.

If you have any quotes or other documents to support your budget they can be uploaded below.

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Provide a short description of the item e.g. Ticket sales	Must be a dollar amount.	Provide a short description of the item e.g. Waste management	Must be a dollar amount.

Total Income Amount

Total Expenditure Amount

Expenditure - Income

Dinner Plain Event Funding Program 2024-25

Form Preview

\$

This number/amount is calculated.

\$

This number/amount is calculated.

\$

This number/amount is calculated.

What is your total funding request? *

\$

Must be a dollar amount.

Please ensure this figure is within the maximum limit of your chosen Tier and does not exceed the total figure shown in the Expenditure - Income box above.

For what will the sponsorship funds be used? *

If you have any documentation, such as quotes, to support your request please upload them here:

Attach a file:

Attach a file:

Please upload your Event Overview or Event Management Plan *

Attach a file:

Does your Event Overview or Event Management Plan also contain your Marketing & Promotions Plan? *

- Yes
 No

Please upload a copy of your Marketing & Promotions Plan *

Attach a file:

If your Marketing & Promotions Plan is contained within your Event Overview/Event Management Plan please disregard this question.

Section 2. FUNDING DETAILS

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Budget

Please provide a detailed budget for your event. The budget must include a breakdown of all income sources including other sponsorships, donations and in-kind support and all expected expenditure.

Dinner Plain Event Funding Program 2024-25

Form Preview

Please DO NOT include a sponsorship amount from Alpine Shire Council in this table.

The figure shown in the 'Funding request' box below shows the deficit between the total cost of your event against the total funds you have available. This will be the amount of funding for which you are eligible to apply.

If you have any quotes to support your budget they can be uploaded below.

Income	\$	Expenditure	\$
Provide a short description of the item e.g. Ticket sales	Must be a whole dollar amount (no cents).	Provide a short description of the item e.g. Waste management	Must be a whole dollar amount (no cents).
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Funding Request

\$

This number/amount is calculated.

For what will the sponsorship funds be used? *

If you have any documentation, such as quotes, to support your request please upload them here:

Attach a file:

Attach a file:

Please upload your Event Overview or Event Management Plan *

Attach a file:

Upload any other documents here

Attach a file:

Dinner Plain Event Funding Program 2024-25

Form Preview

Section 3: APPLICANT DETAILS

* indicates a required field

Please select your current status: *

- Incorporated not-for-profit group or organisation
- Incorporated for-profit organisation
- Unincorporated organisation auspiced by an incorporated organisation

Applicant *

Organisation Name

This is the name of the group, business or organisation applying for the funding.

Contact Name *

This is the name of the contact within the group, business or organisation. All correspondence relating to this application will be addressed to this person.

Applicant Postal Address *

Address

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

Applicant Phone Number *

Must be an Australian phone number.
Mobile preferred.

Applicant Email *

Must be an email address.

Applicant 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)

Dinner Plain Event Funding Program 2024-25

Form Preview

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

If successful, this is the account into which your funding will be paid.

Applicant *

First Name

Last Name

Applicant Group/Committee Name *

Applicant Phone Number *

Must be an Australian phone number.

Mobile preferred.

Applicant Email *

Must be an email address.

Auspice *

Organisation Name

Please provide the details of your auspice organisation

Auspice 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

Dinner Plain Event Funding Program 2024-25

Form Preview

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 Postal Address *

Address

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

Auspice Phone Number *

Must be an Australian phone number.
Mobile preferred.

Auspice Email *

Must be an email address.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.
If successful, this is the account into which your funding will be paid.

Collection Statement and Declaration

* indicates a required field

Council is collecting personal information in your 2024/25 Event Funding application. Your information will be disclosed to Council staff, Councillors and community assessment panel members involved in assessment of grant applications. Details of your Event Funding application may be made public including on our website. If you do not provide the information required, we may not be able to assess your application. You can find out more about how we use and protect your information by viewing our Privacy Statement on our

Dinner Plain Event Funding Program 2024-25

Form Preview

website - www.alpineshire.vic.gov.au/privacy. If you require access to the information you have provided, please contact Council's Governance Officer on 03 5755 0555.

Declaration

This declaration is to be completed by the applicant.

I have read the guidelines relating to funding under the 2024/25 Event Funding program and certify to the best of my knowledge:

*

- I am authorised to submit this application on behalf of the applicant organisation
- I confirm that the information in this application and the attachments are to the best of my knowledge and true and correct.
- I confirm that I shall notify Alpine Shire Council of any changes to this information or circumstances that may affect this application.
- I acknowledge that I have read the Collection Statement above and understand that details of this application may be made public including on Council's website
- If successful in gaining funding I agree to abide by the Council's funding conditions, including acknowledgement and promotion of Council support, post event evaluation and funding acquittal process.

Please click on 'SUBMIT' to finalise your application