

# Signature Event Agreement Application 2022-2025

## Form Preview

### Welcome

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 over the next three years (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
- Your incorporation and ABN number
- A copy of your most recent financial statement

### For more information

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

[Signature Event Guidelines](#)

[Help Guide for Applicants](#)

[Frequently Asked Questions](#)

**Note:** • The words 'you' and 'your' refer to the applicant (and auspice). • 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

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### 3. I have met acquittal conditions for previous Council grants

- Yes  No

### 4. I have no debt to Council or entered into scheduled payment arrangements with Council.

- Yes  No

## Applicant Details

### Privacy Notice

Council will only use personal information you have provided for the purpose of processing this application and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other local government acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with Council's Privacy Policy.

Please note the information provided in this application and in any related documentation and discussions may be provided to members of the assessment panel in order to assist Council in assessing your application.

By submitting this application you consent to Council publishing the organisation's name, the project's name, an project description and Council's funding contribution. This information may also be used for promoting Council's funding programs.

### Applicant organisation details

#### 5. Applicant organisation's name

Organisation Name

#### 6. Applicant organisation's primary (physical) address

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

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### 8. Applicant organisation's website

Must be a URL

### 9. Contact person

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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 confirm your organisations agreed commitment to hosting this event over the next 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	<a href="#">More information</a>

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ACNC Registration  
Tax Concessions  
Main business location

Must be an ABN.

### Event Details

Event Name

**16. Event Title**

**17. Approximate start date of next event.**

**18. Approximate end date of next event.**

Must be a date.

**19. Why is the event needed?**

**20. Please provide a description of your event.**

Explain the the who, what, where and why of this event.

**21. Please include any evidence of community support for the event.**

Attach a file:

For example, evidence of collaboration or commitment with other organisations where there are shared interests and opportunities.

**22. Approximately how many are expected to attend your next event?**

**23. Where does the event take place?**

Address

  

Suburb State Postcode

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Must be an Australian post code

### 24. What insurance does your organisation have in place to conduct your usual activities?

- Public Liability Insurance
- Volunteer Insurance
- Building Insurance
- Contents Insurance
- Other:

### 25. Upload your organisation's current Public Liability Insurance Certificate of Currency here.

Attach a file:

### 26. If you have a project plan, please upload it below.

Attach a file:

## Event Budget

Expenditure items	Type of Expense	\$ Expenditure

### 27. Total Expenditure Amount

\$

This number/amount is calculated.

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

A high score will be awarded if the applicant leverages Council funding with funding from other sources (including own cash at bank and in-kind) and demonstrates high value for money and/or is an event where no other external funding is available.

### 29. Upload the most recent financials for the applicant organisation here.

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Attach a file:

Recommended maximum file size is 5MB.

## Certification

### 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 a **Signature Event Grant** for three years. We understand this commits our organisation to organising and hosting the **Signature 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position**

**I agree**

Yes  No

To share this form with another person either have them with you or provide them with this [link](#), along with the Login / User Name and Password

**Name (Secretary or Treasurer)**

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position**

**I agree**

Yes  No