Important Information

* indicates a required field

Summary of Event Sponsorship Program

This round of funding is for activities taking place between 1 July and 31 December 2025.

Funding level- Tier 2: up to \$10,000 or Tier 3: up to \$15,000.

This category supports large scale events and festivals that have widespread appeal, drive visitation and stimulate economic growth that will contribute to the vibrancy to municipality of Alice Springs.

This category is a competitive program, regularly receiving more applications than it can support. All applications are assessed against eligibility criteria and outcomes for applicants are determined by the strength of the application, alignment to the program objectives and priority pillars outlined in the Alice Springs Livability and Sustainability 2030 plan.

Sponsored events are required to deliver benefits in recognition of the Alice Springs Town Council support. The benefits are required to be equal to the value of the sponsorship investment, and may include benefits such as brand exposure, marketing and digital advertising, activations, signage and add the project to ASTC online calendar.

Eligibility

Please read the <u>Community Support Guidelines</u> which are available on the Alice Springs Town Council website, before completing the application form.

Applicant must:

- be a Not-For-Profit community group, organization or a school*
- be incorporated or auspiced*
- have an Australian Business Number (ABN)
- meet in the Alice Springs municipality
- show that the grant will substantially benefit residents of Alice Springs
- hold current Public Liability insurance for minimum \$20 million at the time of application (this item *cannot* be funded with this grant/sponsorship)
- have satisfactorily acquitted previous funding received by Alice Springs Town Council.

	ve your organization previously received ASTC community grant or event onsorship? *
_	Yes No

Assessment Criteria

Council assesses each application on its merits.

^{*}Auspice applicants must obtain letter of agreement from the auspice organization.

Eligible applications will be assessed using the questions and criteria listed below. The percentage weightings are provided as a guide to the importance of each question in the assessment process.

Event Profile (30%)

Position held in organisation *
Eg. Manager, Board Member, Secretary
Primary Address * Address
Address Line 1 Cuburk/Tour Chate/Dravings Destroyde and Country are required
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Phone Number *
Primary Email *
Secondary email address *
This email address will be used for correspondence if we cannot make contact with you using your email address provided above.
Incorporation Association Status
Is your group or organization incorporated? * ☐ Yes ☐ No - we are auspiced If your group is not incorporated you require an incorporated association (auspice organisation), to manage the grant funds on your behalf.
Incorporation Number
Please provide your Incorporation Number
Australian Company Number (ACN), Indigenous Corporation Number (ICN)
ABN Details
Does your organisation have an ABN? * ☐ Yes (applicant must provide ABN details below) ☐ No If your organisation does not have an ABN you are required to provide an ATO 'Statement of Supplier' form
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)		
DGR Endorsed		
ATO Charity Type <u>More information</u>		
ACNC Registration		
Tax Concessions		
Main business location		
Statement by Supplier Form If you do not have an ABN, please submit a completed ATO Statement by Supplier Form* with the application.		
Such form can be downloaded from Australian Tax Office <u>website</u> . NOTE: Form must be completed in the name of the group / organization applying for the grant and not the individual completing the application form.		
Attach a file:		
Public Liability Insurance		
Public Liability Insurance cost cannot be funded by this ASTC grant.		
If you do not have a current Public Liability Insurance at the time of applying, you must include a quote as part of your application.		
If your application is successful, in order to receive funds you will need to supply a copy of Public Liability Insurance certificate with your signed grant agreement.		
Does your organization have Public Liability Insurance? * □ Yes □ No		
Please attach a current Public Liability Insurance Certificate or a quote * Attach a file:		
If you selected 'Yes' please attach a copy of your current Public Liability Insurance. If you selected "No please attach a copy of a quote for Public Liability Insurance. Minimum of \$20 million public liability insurance is required.		

Auspice

* indicates a required field

Auspice organisation

It is the responsibility of the organisation being auspiced to ensure that a clear agreement is reached before applying for funding.

If your grant application is successful your auspice organisation will be responsible for:

- Signing the grant agreement
- All legal and financial responsibility of the grant on your organization's behalf
- Receiving and distributing grant funds under the grant agreement
- Ensuring all grant activities or events are completed
- Ensuring financial acquittals are submitted on your organisations behalf.

Signed certification letter from Auspice Organisation * Attach a file:
Name of Auspice Organisation *
Auspice Primary Address * Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Primary Auspice Contact * First Name Last Name
Position in the Organisation *
For example: CEO, Manager. Auspice Phone Number *
Must be an Australian phone number.
Auspice Email Address *
Auspice Website * Must be a URL

Auspice Organisations Incorporation Number *

Auspice ABN			
TI ABN 11 11 111			
The ABN provided will be used the check that you have entered the		llowing information.	Click Lookup above to
Information from the Australian Bu			
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More information	<u>on</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
Project Details			
* indicates a required field			
Key Project Information			
Event Name *			
What level of funding are yo ☐ Tier 2: (\$5,001 - \$10,000) ☐ Tier 3: (\$10,001 - \$15,000) Refer to page 9 of Community Sup		? *	
Project start date: *			
.,			
Must be a date and between 1/7/20)25 and 31/12/202	25.	
Project end date: *			
Must be a date and between 1/7/20	125 and 31/12/202	5	

How many times has this event been delivered? *

If this program or event hasn't been delivered before, your answer should be 0.
How many people do you expect will attend your event? *
Word count:
Provide a brief project description - do not use dot points *
Word count: This statement will be used in reports, media statements and external communications related to this grant.
Project Objectives
Please indicate the objective/s your project aligns with: * ☐ Enhances social connectivity and partnerships ☐ Promotes accessibility, inclusion and diversity ☐ Enhances innovative opportunities for economic growth ☐ Improves community health, wellbeing and safety ☐ Actively promotes social cohesion and reconciliation At least 1 choice must be selected.
What are the specific activities that will take place to achieve your stated objectives? *
Word count: Dot points are recommended. Please include a timeline for activities taking place.
Strategic Alignment
Programs or events must align with Council's Priority areas listed in the pillars below. See guidelines and <u>Council's Strategic Plan 2030</u> for further information.
Please choose the strategic pillar/s that your event best aligns to? * □ Pillar 1: Livability □ Pillar 2: Safety □ Pillar 3: Environment □ Pillar 4: Economy
How will your event respond to the selected pillar/s? *
Word count:

Event Profile

Sponsorship. See guidelines for further information.	
In dot points, please outline planned event activities and tim	eline? *

Word count:

Briefly list (bullet points) the specific activities that will take place, where they will take place and timeline.

How will the activity drive local, interstate and/or international visitation? *

Word count:

Ensure this matches guidelines for your your chosen funding tier (eg. Tier 2 or Tier 3).

What media and promotional outcomes will your event deliver for Council? *

Word count:

In this section, outline how you plan to recognise Council's funding contribution? Eg. marketing, event signage, posters, social media, radio interviews.

Community Benefit

How will this event benefit the community? *			

Community groups could include; Youth (12-25), Aboriginal and Torres Strait Islander communities, Lesbian, Gay, Bisexual plus, Transgender and gender diverse, Intersex, Queer, Asexual and Aromantic communities (LGBTIQA+), Seniors (65+), Women, People with disability, Multicultural communities.

What community groups, organizations or local contractors are you working with and how are you working together on this event? *

Word count:

Word count:

Council encourages applicants to engage local professional contractors, including artists and performers in both the preparation and delivery of the event

Access and Inclusion

Applicants should endeavour to ensure that their activity will be accessible for people of all abilities.

Please outline below any accessibility and inclusion measures that the event will implement.

How will your project promote diversity, inclusion and equity? *

Word count: See guidelines for more informatio	n.
Environmental Sustaina	bility
How will you minimize the e	environmental impact of the proje
Word count: See guidelines for more informatio	n.
Project Budget	
* indicates a required field	
Event Sponsorship Requ	iest
additional 10% will be added to i.e.: funding of \$10,000 will be	u will work with the full amount of the your approved funding amount to copaid to you in amount of \$11,000. I, you will work with the full amount of .
Total sponsorship amount your are seeking? *	\$ Must be a dollar amount and between
Total Event Cost: *	\$ Must be a dollar amount
Would you be open to accepting partial funding if it was offered? *	☐ Yes ☐ No Council may decide to support your sp funding amount of less than the amount this may be because some items you guidelines under the heading of 'What in cases where sufficient funds are not award a smaller amount than requested project.
Would you be open to a three year term with funding discontinued thereafter? *	☐ Yes☐ No Please note: funding in years 2 and 3 v discounted. Refer to guidelines.

What type of costs will this sponsorship cover? *	 □ Materials purchase □ Equipment hire □ Temporary infrastructure hire □ Labor or specialized personnel hire □ Venue hire □ Talent or facilitator fees □ Marketing □ Merchandise □ Catering □ Auspice fee □ Other: At least 1 choice must be selected.
Based on categories selected above, describe what this sponsorship will be spent on. *	Word count:
Please indicate if you will be applying for Council In-Kind support for this event? *	Specify exaclty how the money will be distributed. ☐ Yes ☐ No ☐ Undecided

Project Income

Provide a complete Project budget using the table below. The project budget should be comprehensive and in line with the size and nature of the project.

Please note that lack of budget information may affect the consideration of your application. Your budget should include:

- Internal funds
- This grant
- Other grant funding or sponsorships
- Fundraising/donations
- Ticket sales
- In-kind contributions including ASTC support

GUIDE:

Provide clear descriptions for each budget item in the 'Income' columns.

Use the 'Status' column to describe if the funding is confirmed for each item.

Do not add commas to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

IMPORTANT:

In-Kind support is a contribution of goods or service other than money. Please include any in-kind support being provided.

Example: volunteer hours are valued at \$46.62 per hour. Please include in notes the value and hours for volunteers. Eg. $46.62 \times 2 = 93.24$

Example: In-Kind equipment hire, free advertising etc.

Income Description	Amount (\$)	Status: is this funding confirmed?
Please indicate if any income is	IMPORTANT: if you are GST	
confirmed (C) or not confirmed	registered= apply amounts	
(NC)	exclusive of GST; if you are not	
	GST registered= apply amount	
	inclusive of GST	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Project Expenditure

GUIDE: Provide clear descriptions for each expenditure item in the 'Expenditure' columns.

Use the 'Source of funding for this item' column to indicate budget source for each item and to indicate what the ASTC grant money will be spent mark it "**This grant**".

Please do not add commas to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

IMPORTANT: Best practice is to **obtain quotes** early in planning and prior to submitting your application. We understand that there may be price fluctuations with some budget items, and therefore the amounts and attachments provided as evidence will be used more as a guideline for expenditure.

Such attachments are also an indication of research done to ensure feasibility of your project.

To check what cannot be funded by this sponsorship, please refer to <u>Community</u> <u>Support Guidelines</u> page 6.

Expenditure Description	Amount (\$)	Source of funding for this item	
List expenditure by category eg. venue, talent fees, materials purchase, equipment hire, advertising	IMPORTANT: if you are GST registered= apply amounts exclusive of GST; if you are not GST registered= apply amount inclusive of GST		
	\$		
	\$		
	\$		

\$	
\$	
\$	
\$	
\$	

Budget Totals

The below totals are calculated from figures you have entered above.

Income - Expenditure = Balance

• The balance must equal 0 or you will not be able to submit. If your balances are not 0 please check your figures.

Total Income Amount	Total Expenditure Amount	Total Balance	
\$	\$	\$	
This number/amount is	This number/amount is	This number/amount is	
calculated.	calculated.	calculated.	

Budget Documentation

This is a space to make budget comments if you feel the assessors would benefit from further clarification of what you have written in your budget table above.

You may also attach a budget and other documents expanding on this section as supporting material, including quotes.

NOTE: Should your application be successful and in instance your approved grant expenditure value has changed by 20% or over, you must provide a Variation Request Letter to Council to approved those changes before you complete the project.

IMPORTANT: What will NOT be funded by this grant

- Projects, activities or events held outside of municipality of Alice Springs
- Projects, activities or events that do not align with Council's strategic goals
- Applicants that have not adequately acquitted previous Council grant funding
- An applicant that has already received Council funding (including in-kind) for the same project within the same financial year
- Funding requests for travel expenses, including accommodation and flights
- Staff wages and any operational costs, including insurance and ongoing administration costs
- Retrospective funding (projects that have already commenced or taken place)
- Religious or political activities that seek to convert
- Charity or fundraising activities
- School based activities that do not involve the wider community
- Infrastructure on, or for, property owned by the Northern Territory Government (e.g. Blatherskite Park, Olive Pink Reserve)
- Activities which are the direct responsibility of government departments

Upload quotes and budget documentation Attach a file:	on for the project *
A minimum of 1 file must be attached.	

Supporting Documentation

Supporting Material:

If applicable, please attach any supporting material.

For example:

- recent examples of your work and/or that of the key personnel
- evidence of community support (e.g. a letter of support from a community organisation that may directly or indirectly benefit from and that shows an understanding of your event).
- summary of people involved in the activity
- other documentation or materials which will help the assessors understand your event.

Additional Information	Attach a file:	

Declaration and Privacy Statement

* indicates a required field

Privacy Statement

The Alice Springs Town Council is committed to protecting your privacy. The information requested on this form is being collected by Alice Springs Town Council for the purpose of assisting with the management of applications for grants and sponsorship. All information collected is securely stored in SmartyGrants and Alice Springs Town Council computer systems. The personal information will be disclosed to assessment panel members for the purpose of assessing your application. It will not be disclosed to any other external party without your consent, unless required or authorized by law. Should you need to change or access your personal details, please contact Council on (08) 8950 0500 <a href="mailto:asteo.aste

You can view the Alice Springs Town Council Privacy Policy on our website.

By submitting an application you consent to Council publishing the successful applicant's name, project name and description and amount funded on our website. This information may also be used for promoting the Alice Springs Town Council's grant and sponsorship programs more generally.

Declaration

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organization/group. I have

read the accompanying guidelines for applicants provided with this application form. I agree that I will contact the Alice Springs Town Council immediately if any information provided in this application changes or is incorrect.

I agree to the above terms and conditions *	○ Yes		
Authorised Person's Name *	Title	First Name	Last Name
Position held *			
Date of declaration *			