



Organisation De	tails				
Name					
Contact Person					
Postal Address					
Phone	Home	Work		Мо	bile
Email					
Front Dataile					
Event Details					
Name					
Location					
Dates	Start				
Amount	Total \$ requested				
Financial Details	S				
Is your group inco	orporated?	Yes	П		No 🗖
If yes, please pro	·		ш	te	
If no, please provided body, which <i>must</i>	vide the name of		Coremica		
Is your group/auspicing body registered for GST?		Yes			No 🔲
Applicant/auspicir	ng ABN*				
* If no ABN, pleas	se complete Stat .	ement hy Sunnl	<i>ier</i> form	and attach	to Application
-	se complete Stat	- Suppli	101111		то друпецион.
Signatures					
Group President	Name				
	Signature Date				
Auspicing Body (If relevant)	Name				
	Signature			Date	
Please send this Sponsorship Gui					Records Office
	Chief Execu Shire o PO Bo CAPEL V	f Capel x 369			

Shire of Capel

Last Updated 19.07.17

PO Box 369, Capel WA 6271 info@capel.wa.gov.au

(P) 9727 0222 (F) 9727 0223

Page 1 of 6

1. Have you spoke	n to us?					
Have you spoken to a member of the Shire's Community Development Team to check your event meets the sponsorship criteria?				No		
If yes, who did you s	If yes, who did you speak to?					
Have you completed	an Event Application Form ?	Yes		No		
2. Event details						
Event name						
Brief description						
2. Donofito /immost	of this great					
3. Benefits/impact						
	can be measured by the number of new people that visit the Shire that attend the event and its economic turnover, or a measure of a result of this event.					
	e measured by how the event adds social benefit to the local commu fosters community pride, teaches people new things and strengthens			l includ	e, but is not	
<u>Environmental Impact</u> - Tl its impact.	nis can be measured by how the event takes into consideration its na	itural env	vironme	ent and	minimises	
	can be measured by how the event promotes the Shire of Capel and environment, public places or community organisations.	its asse	ts. This	s could	be how it	
<u>-</u>						

4 Who is involved	in coordinating t	his event ? (Names & roles	2)			
4. Willo is ill volved	in coordinating t	ms event : (Names & roles	•)			
5. Tell us about y	our organisatio	n(s)				
Total number of mem	nbers?	How many reside i	How many reside in our Shire ?			
Adult #:	Males:	Females	Under 18			
What other groups ar	e involved					
with the project?						
6. Other funding						
It is considered an ad so? Please list both so		ve applied for funding from oth ccessful applications.	her sources. Have you done			
-						
			_			
-						

Budget notes

Quotes

Please provide quotes for any items over \$500.

Calculating the value of donations

If you have group members working on the project who have trade qualifications or skills and they wish to use those skills/donate items on this project, you will need to :

- Ensure they have relevant qualifications
- Obtain a written quote for the works and include on your estimates page
- List the items as an in-kind donation from your group on the income page

Remember - you must include GST in your budget!

PO Box 369, Capel WA 6271 info@capel.wa.gov.au

(P) 9727 0222 (F) 9727 0223

Shire of Capel

Budget

A. Expenditure	
Purchase or hire of equipment or materials	\$ Inc GST
Professional fees (consultants, architects etc)	
Administration costs (postage, stationery etc)	
Promotional costs (advertising, flyers etc)	
Other costs associated with this event	
Total Expenditure	\$

B. Income	
Fees (admissions, registrations etc)	\$ Inc GST
Sales (food, drinks etc)	
Other funding sources	
Your organisation's contribution (cash)	
Your organisation's contribution (labour, machinery etc)	
Total Income	<u> </u>
Amount requested from the Shire (the difference between income &	expenditure)

Event Sponsorship Application *Checklist & Declaration*

Before you submit your Application, have you....

Checklist					
Checked your budget?	_				
Included a copy of your Certificate of Incorporation (if applicable)?					
Included a copy of your Public Liability Insurance	_				
Attached quotes for items over \$500?	_				
Spoken to a Shire Officer? (name and date)	_				
Undertakings and conditions					
If your application is successful, these undertakings will form part of your contract with the Shire of Capel.					
Our organisation	_				
agrees to the following conditions:					
 To acknowledge Council's support in any advertising, promotion and media publicity associated with this project; 					
 Agree to have your event advertised on the Shire of Capel's Website/Facebook Page; 					
 To utilise the Shire of Capel logo where approved by Council; 					
 To provide a detailed report at the conclusion of the project which outlines the project's achievements measured against the objectives; 					
 Provide a detailed statement of acquittal of Council funds expended, and audit if required, and 					
Abide by any other conditions placed on the approval of the grant.					
I hereby certify that I have been authorised to prepare and submit this application. The information contained herein is true and correct to the best of my knowledge.					
Name	_				
Signature	_				
Position held	_				
Date	_				