

- Only not-for-profit events held in the Local Government Area between July 2016 and June 2017 are eligible to apply.*
- Events can apply for up to \$1,000 financial assistance.
- Events can not apply for funding via the Event Development Fund if funding has already been provided by another funding stream of Dubbo Regional Council for the same event in the same year.
- Applications must be submitted no less than 4 weeks prior to the event to: council@dubbo.nsw.gov.au
- **Please refer to the Event Development Fund Eligibility Criteria and Guidelines prior to submitting an application. The document can be found: www.dubbo.nsw.gov.au.**

**For the purpose of the Event Development Fund, a not-for-profit entity is an organisation that does not operate for profit or direct/indirect gains of its individual members, but with the primary purpose of providing services to the community.*

Event information

Name of event _____

Dates of event _____ | Venue | _____

Number of days event is held _____ | Est. number of day trippers* _____

Est. number of visitors staying overnight* _____

*if event runs over more than one day, please provide estimates based on each day and night (where applicable)

Why are you organising this event? _____

Please outline what plans are in place to hold this event in subsequent years:

Applicant's details Organisation _____

Name _____ M _____ P _____

Email _____

Address _____

ABN _____

Have you received any other forms of funding for this event from Council? No Yes* * events can apply under
 Have you attached a copy of your Certificate of Incorporation? No Yes one channel of funding only
 Have you attached a copy your Certificate of Currency for \$20M Public Liability? No Yes

Application for financial support

| Details (what funds will be used for): | Amount: (if known) |
|--|--------------------|
| | \$ |
| | \$ |
| | \$ |
| Total (must not exceed \$1,000) | \$ |

Please submit this application no less than 4 weeks prior to the event to: council@dubbo.nsw.gov.au

Applicant's Bank Details - (to be completed by applicant as part of initial application to streamline this process) Completing the details below does not necessarily indicate that your application has been successful.

Account Name: _____

BSB _____ Account _____ Bank Institution _____

Email for Remittance _____

All documentation is attached to application O No O Yes

The following is for internal purposes only. Please do not complete any details below.

Successful Applicant

(Completed by Council)

Unsuccessful Applicant

(Completed by Council)

Name of Successful Recipient _____

Amount to be reimbursed \$ _____ *(Break up of funds listed below in Financial Support to be paid)*

General Ledger No 01.01704.3722.0310

Payment by: Cheque or Bank Transfer *(please circle one)*

Financial Support to be paid – (to be completed by Council)

| Details (what funds will be used for): | Amount: (if known) |
|--|--------------------|
| | \$ |
| | \$ |
| | \$ |
| Total (must not exceed \$1,000) | \$ |

Memo Request Forward to accounts O No O Yes

Added to Spreadsheet O No O Yes

Trim Reference Number _____