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# HORSHAM RURAL CITY COUNCIL

PO Box 511, Horsham 3402

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## *Tourism Events & Festivals Funding Application (T.E.F.F.A)*

### APPLICATION FORM



#### MARKETING SPONSORSHIP FOR EVENTS, FESTIVALS & PROJECTS (Policy approved 10/2/09)

Please read the guidelines carefully and answer all questions.  
For further information contact Council's Promotions on 5382 9706 / 5382 9702

#### **A THE APPLICANT**

##### **1. ORGANISATION DETAILS**

Name of Applicant Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

##### **2. ORGANISATION STATUS**

i) Is your organisation incorporated? Please attach copy YES / NO

ii) Do you have an Australian Business Number? YES / NO

iii) If yes, what is your ABN? \_\_\_\_\_ Are you registered for GST? YES / NO

iv) Does your organisation have:

- A business or marketing plan YES / NO
- An annual report YES / NO
- An audited financial statement YES / NO
- Does your organisation hold public liability insurance? Please attach copy YES / NO

Please attach copies of the above:

##### **3. CONTACT DETAILS**

Name of contact person: \_\_\_\_\_

Position title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ After hrs telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## **B THE PROJECT**

### **4. PROJECT DETAILS**

i) Name of project: \_\_\_\_\_

ii) (a) Date/s of project: \_\_\_\_\_

(b) Are other major events on at the time of your planned event? Yes  No

iii) Is this a new event? Yes  No

iv) Is this a new component to an existing event Yes  No

### **5. DESCRIPTION**

Briefly describe your event, festival or project. (Attach programme draft if available)

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### **6. PROJECT MANAGEMENT**

Who will manage the project? (Please list contact details if different from applicant)

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### **7. EVALUATION**

How will the success of the project be evaluated? \_\_\_\_\_

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### **8. MARKETING**

Outline your marketing campaign and the target audience/s (specifically its relations to marketing outside the Region)

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### **9. CONTRIBUTION TO THE REGION**

What will your event, festival or project contribute to this region that is unique?

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**10. PARTICIPATION/INVOLVEMENT:**

Estimate the numbers of participants and audience from:

- i) Horsham Rural City Council municipality \_\_\_\_\_
- ii) Wimmera region \_\_\_\_\_
- iii) Elsewhere in Victoria \_\_\_\_\_
- iv) Others (Include Interstate and International) \_\_\_\_\_

**11. LONG TERM PLANS**

What are the long term development plans for your event, festival or project?

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**12. Value to the Horsham Municipality Economy**

What will be the value of your event to the regions economy?

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**C BUDGET**

Please note that

- The Marketing Sponsorship is only available for 50% of the total marketing budget.
- Sponsorship refers to a formal agreement with a business or other entity to provide goods, services or cash in return for a benefit such as advertising.
- Your budget is an important part of your application and will be closely examined. It is important for you to check it thoroughly.
- Has your organisation applied to Council for any other funding for your event? YES/NO Please advise.

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### 13. YOUR MARKETING BUDGET (amounts to be exclusive of GST)

<b>EXPENDITURE</b>	
<b>MARKETING AND PUBLICITY</b>	
Brochure / flyer printing	\$
Distribution of material costs	\$
<b>Newspaper advertising</b> Local - Wimmera Mail Times  - Weekly Advertiser	\$
<b>Out of Region publications</b> Please list publications:	\$
<b>Television advertising</b> Name regions that advertising will be conducted in:	\$
On ground marketing such as banners and signs. Please list:	\$
<b>Radio advertising</b> Indicate local stations	\$
Out of region stations	\$
Other (detail)	\$
	\$
	\$
<b>Total Marketing Expenditure</b>	\$

<b>INCOME</b>	
Cash Contribution from Event Organisation	\$
Other cash contribution (please list)	\$
<b>TOTAL cash contribution</b>	\$
<b>Total sought for matching funding</b>	\$

### 14. BUDGET SUMMARY

- i) Total budget for whole event \$ \_\_\_\_\_
- ii) Marketing budget \$ \_\_\_\_\_
- iii) Amount requested from Horsham Rural City Council \$ \_\_\_\_\_

## **D CERTIFICATION**

### **To be completed by Applicant Organisation**

I certify that all details supplied in this application form 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/committee of the applicant organisation. I have read the accompanying guidelines and information to applicants, provided with this application form.

Signature of contact person: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(PLEASE PRINT)

### **SEND APPLICATIONS TO:**

Horsham Rural City Council  
Promotions Department  
P.O. Box 511  
Horsham VIC 3402