Contact Details * indicates a required field **Application Number** This field is read only. The identification number or code for this submission. Organisation Name * Organisation Name List all current board or committee members. * **Organisation Primary Address *** Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. **Organisation Postal Address** Address **Organisation Primary Phone Number *** Must be an Australian phone number. Organisation Primary Email * Must be an email address. **Organisation Primary Website**

Organisation Incorporation Number ID

Must be a URL.

	our organisation	on type? * / Not for Profit?	 Commercial organ 	isation?
Commun	ncy organisation	TY NOC TOT THORE.	O commercial organ	iisacioiii.
_				
O Yes	organisation h	ave an ABN? *	○ No	
0 .03			O 110	
ABN				
The APN pre	ovidad will be u	and to look up the	following information.	Click Lookup abovo to
		d the ABN correct		Click Lookup above to
Information	from the Australia	n Business Register		
ABN				
Entity name				
ABN status				
Entity type				
Goods & Ser	vices Tax (GST)			
DGR Endorse	ed			
ATO Charity	Туре	More inform	<u>ation</u>	
ACNC Regist	tration			
Tax Concess	sions			
Main busines				
Must be an A	BN.			•
Is the orga	anisation GST	registered? *		
○ Yes			○ No	
Applican	nts Details			
* indicates a	a required field			
	•			
Applicant *	*			
Individua	l Or	ganisation		
Organisatio	п мате			
Title Fi	irst Name	Last Name		
TILLE FI	ii st ivaiile	Last Name		

Applicant Position *				
Applicant Primary Phone Number *				
Must be an Australian phone number.				
Applicant Primary Email *				
Must be an email address.				
Applicant Mobile Phone Number				
Applicant Mobile Filone Number				
Must be an Australian phone number.				
Secondary Contact				
Secondary Contact * O Individual Organisation Organisation Name				
Title First Name Last Name				
Secondary Contact Position *				
Secondary Contact Primary Phone Number *				
Must be an Australian phone number.				
Secondary Contact Primary Email *				
Must be an email address.				
Secondary Contact Mobile Phone Number				
Must be an Australian phone number.				

Event Details

* indicates a required field

Event Title *

Event Location *			
Short description of the	event *		
Word count: Must be no more than 30 wor Provide a short description (3		commended) of you	r project - what are you out to do?
Event Dates			
Please provide up to three season have greater value			eld during the low and shoulder peak)
Start Date 1 *	End Date 1 *		Comments
Must be a date.	Must be a date		
Start Date 2	End Date 2		Comments
Must be a date.	Must be a date		
Start Date 3	End Date 3		Comments
Must be a date.	Must be a date		
Event frequency *			
Event frequency *			
Is this a new event? *			
○ Yes		○ No	
Will the event be held o ○ Yes	n Council contro	olled land? * O No	
Will you require a road o ○ Yes	closure for your	event? * O No	
Will your event include? ☐ Catering ☐ Food vendors ☐ No catering or food ven			

Sponsorship Funding Request

Total Cash Amount Requested

Year 1	Year 2	Year 3	
\$	\$	\$	
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	

Total in-kind amount requested?

Year 1	Year 2	Year 3
\$	\$	\$
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Total Amount Requested			
\$			
This number/amount is calculated.			

Expenditure Items

Please list all expenditure items that will be covered using Council's grant funding, including hire of council venues/resources.

Expenditure Item	Funding Type	

Council Funding History

Please provide any details of previous funding you have received from Council

For example: Funds of \$10,000 received in 2014 for marketing & promotions

Economic and Tourism Benefits

* indicates a required field

How many individual attendees do you expect at your event? *

Must be a number.

Attendees refers to all people who attend the event, including athletes, performers, support staff, media, sponsors, officials and volunteers.

Participants (Athletes, Performers, Artists)

Please provide an estimated breakdown of where your attendees are from.

Local participants *	Interstate participants *
Must be a number.	Must be a number.
Attendees from the Cairns Regional local government area.	Australian attendees from outside Queensland.
	International participants *
Intrastate participants *	
	Must be a number.
Must be a number. Queensland attendees from outside the Cair region.	Attendees from outside Australia. ns
Total Participants	
This number/amount is calculated.	
Attendees (Spectators support	t staff media sponsors officials

Attendees (Spectators, support staff, media, sponsors, officials, volunteers)

Please provide an estimated breakdown of where your attendees are from.

Local attendees *		Interstate attendees *	
Must be a number. Attendees from the Cairns Regional lo government area.	cal	Must be a number. Australian attendees from outside Que	eensland.
		International attendees *	
Intrastate attendees *			
Must be a number. Queensland attendees from outside the region.	ne Cairns	Must be a number. Attendees from outside Australia.	
Total attendees			
This number/amount is calculated.			

Visitor Nights

Number of overnight stay attendees (participants and attendees) * Average length of stay for overnight visitors in Cairns *

Must be a number.	Must be a number.	
Total visitor nights generated		
This number/amount is calculated.		
Visitor Expenditure		
Average likely expenditure per day for ov	ernight visitors? *	
Must be a dollar amount. e.g \$185 per day, per visitor.		
How did you arrive at the above estimate surveys or research conducted. *	? Describe if any, previous	attendee
Visitor expenditure may include: Accommodation fo Tourism and leisure activities. Transport such as tax expenses such as groceries, supplies, clothing etc.		
Explain your growth strategies and outlin event in future years *	e how you will grow the val	lue of your
Supporting Documentation		
Please upload evidence that supports the expenditure. This may include economic surveys, and postcode data		
Upload here Attach a file:		
Raising the profile of Cairns		
Tell us how your event will assist in raisin region. *	ig the profile and awarenes	of the Cairns
Word count: Must be at least 200 words.		

This can be impacted by: Event audience and connections (outside of participants). Queensland or national interest and following. Marketing and media reach. Broadcast. Social media. Ability to showcase the region through your event location, imagery, local links and activities. Links to

Page 7 of 13

high profile individuals, teams or groups (that may appeal to both your event audience, and wider markets). Any other reasons why your event will help to tell a positive story of Cairns.

Event Uniqueness

Tell us what ma	akes your event	unique and att	ractive. *	
and benefits does in drive community per how is the Cairns attention to your e	ed by: How does it d t offer to Cairns?. Wh ride in our region?. If offering different and	nat makes your ev you are staging to d engaging?. Why event help Cairns	ent unique to Cair his event multiple do people attend, to communicate o	what specific opportunities ns?. How would the event times in other regions participate in, or pay other important factors?.
Event Budge	et			
* indicates a requ	uired field			
Has Tourism Tr	opical North Que	ensland (TTNC)) confirmed su	ipport for your event
○ Yes	○ N	0	O In I	process
Have Tourism a ○ Yes	and Events Quee			ort for your event? * process
Budget				
Provide clear d columns.	escriptions for e	ach budget ite	m in the 'Incon	ne' and 'Expenditure'
	me could include ' overnment sponso		ket sales', 'exhib	ition/ stall fees',
Examples of expeaccommodation'.		e 'event operatio	ns', 'marketing/	promotions', 'travel/
Use the 'Notes' c	olumn for any addi	tional informatio	on you think we s	should be aware of.
AMOUNT). Please	ST balance (TOTAL e do not add com es for each table t	mas to figures -		ENDITURE not \$1,000 – this will
Income / Revenue	Income Type	Confirmed Funding?	Amount \$	Description Notes

	\$	
	\$	
	Must be a dollar amount.	

Event Costs (excl GST)

Operating Expenses	Expense Type	Amount \$	GST	Description Notes
		\$	\$	
		\$	\$	
		\$	\$	
		Must be a dollar amount.	This number/ amount is calculated.	

Budget Totals

Total Income / Revenue	Total Operating Expenses (ex	Total GST	Net Gain / Loss
¢	GST)	\$	\$
Þ	\$		
This number/amount is	Ψ	This number/amount is	This number/amount is
calculated.	This number/amount is	calculated.	calculated.

Event Costs (incl. GST)

Operating Expenses Expense Type	Amount \$	Description Notes
	\$	
	\$	
	\$	
	Must be a dollar ar	mount.

Budget Totals

Total Income / Revenue	Total Operating Expenses (incl. GST)	Net Gain / Loss		
\$	\$	\$		
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.		
How will you use any profits or surplus generated? *				

Outline initiatives to grow funding sources in future years. *

Supporting Documentation		
Please upload evidence that demonstration financial capacity to deliver the event (i previous event operating budget) * Attach a file:		
Community and Environment		
* indicates a required field		
How does your event enhance the overa	ll quality of life in th	ne local community?
	<u> </u>	
Is your event inclusive and accessible by	y all? If so, how? *	
Outline any proposed Community activa related to your event *	tions, communicatio	ns or activities
Supporting Documentation		
Please upload your Community Engager Attach a file:	nent Plan	
Please upload your letter of support fro from your Divisional Councillor / Mayor) Attach a file:	m the community (le	tter is not required
Sustainability		
Tell us how your event will pursue a mo	re environmentally f	riendly event. *

Is there anything else you v	would like to share	about the event?	
These include increased sports pa multiculturalism, Indigenous cultu utilisation of public infrastructure	rticipation, health and wre, environment and sus such as stadiums, arena	n into account for assessment purposes. vell being, education and cultural benefits, stainability, trade relations and upgrades to, as, parks and transport systems. In particular, s and customs should be favourably viewed.	
Marketing and Promot	tion		
* indicates a required field			
Please supply addresses	s,handles and UF	RL's as applicable.	
Event Website *	Facebook	Instagram	
Must be a URL.	Must be a URL.	Must be a URL.	
YouTube or other video stories	Twitter	Other platforms	
Must be a URL.	Must be a URL.	Must be a URL.	
How will you promote the ethe community? * How will your promotion st	_	positive publicity and exposure for es maximise attendance? *	
How will you leverage the epride, exposure to visitors?		e region to create atmosphere, local	
Supporting Documentat	ion		
Please submit details and evidevents and plans to maximise		ge / marketing efforts related to past e.	
Marketing and/or Promotion Attach a file:	nal plan *		

Certification

* indicates a required field

Certification

By submitting this application I/we, as the applicant, authorise Cairns Regional Council to undertake any necessary due diligence and hereby certify that all details provided in this application are true and correct and understand the Council's policy on confidentiality, commercial in-confidence and privacy statement.

- I certify that I am authorised by the organisation to prepare and submit this application.
- I have read the guidelines relating to the sponsorship and certify that to the best of my knowledge the information provided in this is correct.
- I have disclosed full and accurate information of income and expenditure for the project proposed.
- I agree to provide Council with any additional information required to assess this application.
- I agree to comply with all requirements of the sponsorship funding stream and will return any unspent grant monies.
- I will acknowledge the support of Council in all relevant promotional and printed material.
- I confirm that the appropriate level of Public Liability Insurance will be arranged for the project described in this application.

Name o	f authorised pe	erson *	
Title	First Name	Last Name	
Position	า *		
Position h	neld in applicant or	ganisation (e.g CEC), Treasurer)
Contact	: Email *		
Must be a	an email address.		

Cairns Regional Council Privacy Statement

Cairns Regional Council is collecting your personal information for the purpose of processing your grant application. The collection of this information is authorised under the Local Government Act 2009. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to by law. Your personal information will be handled in accordance with the Information Privacy Act 2009. Cairns Regional Council and its offices are subject to the Queensland Right to Information Act 2009. For further information regarding the Cairns Regional Council Privacy Statement Click here