

Community Use of Town Halls Scheme 2020-21 Application form

Form Preview

Eligibility

* indicates a required field

Is the applicant organisation a not for profit? *

- Yes No

If you answered 'no' to this question your organisation is not eligible to apply for CUTHS

Is your organisations ABN registered as; *

- an Incorporated body
 an Australian Public Company Limited by Guarantee
 a Cooperative
 a Charitable Foundation
 a School

If your organisation is not registered as one of the above entity types it is not eligible to apply for CUTHS

Has your organisation already received CUTHS for the 2020-21 financial year? *

- Yes No

If your organisation has received \$7000 in CUTHS in the 2020-21 financial year your organisation is not eligible for further sponsorship.

Does this event currently receive funding from the City of Melbourne or have you applied for funding to another area of the City of Melbourne? *

- Yes No

If you have answered 'yes' to this question you are not eligible for additional funding for this event.

[View a map of City of Melbourne municipality](#)

To be eligible for CUTHS the applicant organisation must provide services or benefits within the City of Melbourne municipality. Describe the services or benefits the applicant organisation provides to the City of Melbourne community

*

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Word count:
Must be no more than 100 words.

Applicant details

* indicates a required field

Organisation details

Organisation name *

Organisation Name

Street address *

Address

Postal Address *

Address

Phone number *

Email address *

Website

Must be a URL.

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	More information

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ACNC Registration
Tax Concessions
Main business location

If you are applying using an auspice use the auspice organisations ABN

What is the aim of your organisation? *

Word count:

Must be no more than 50 words.

Contact Person

Contact name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone number *

Mobile phone number

Email address *

Applicant type

* indicates a required field

Are you applying as *

an organisation

an organisation or group with an auspice

Auspice details

An auspice is an organisation that has agreed to take legal and financial responsibility for administering the sponsorship on behalf of the applicant where an applicant is not eligible or unable to apply for funding.

Applications from individuals or for profit organisations cannot be auspiced.

Auspice organisation name *

Organisation Name

Auspice contact person *

Title	First Name	Last Name
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Auspice contact email *

Auspice 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Confirmation of auspice agreement *

Attach a file:

Event details

* indicates a required field

Which venue are you using? *

Melbourne Town Hall

Meat Market

Kensington Town Hall

Date of event *

Event must take place between 1 July 2019 and 30 June 2020

Total Amount Requested *

Copy of the event proposal / quote provided by the venue *

Attach a file:

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What is the name of your event? *

What do you aim to achieve by holding this event? *

Word count:
no more than 70 words

Briefly describe what will happen at your event? *

Word count:
no more than 70 words

Participation

* indicates a required field

Note that for this program

- Vulnerable people refers to people who;
 - are homeless;
 - are newly arrived migrants or refugees;
 - are socially and economically disadvantaged; or
 - have a disability;
- Participate refers to people being involved in organising, running, volunteering, presenting or performing at an event.
- Attendee refers to someone who attends the event as an audience member.

CUTHS focusses on local and/or vulnerable people. How will you ensure that residents (of the City of Melbourne municipality) or vulnerable people participate in your event? *

Word count:
no more than 100 words

How many City of Melbourne residents and/or vulnerable people will participate in the event? *

What is the primary target group for your event? *

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How many people do you expect to attend your event? *

How many of the expected attendees will be City of Melbourne residents and/or vulnerable people? *

Do you intend to invite a representative from Council? *

Yes

No

Who do you intend to invite? *

If you would like to invite the Lord Mayor or a Councillor please send invitations to Lord Mayors Office and/or Councillor Support, GPO Box 1603, Melbourne, Vic, 3001

Do you think this event will attract media attention? *

Yes

No

Please describe the media attention *

Word count:
no more than 50 words

Financial information

* indicates a required field

Do you intend to charge an entry fee? *

Yes

No

What will the entry fee cost? *

\$

Must be a dollar amount.

What will the concession entry fee cost? *

\$

Must be a dollar amount.

Do you have any additional funding for this activity, including any other funding from the City of Melbourne? *

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Yes

No

Where is the additional funding is from? How much funding are you receiving? Is it confirmed or not yet confirmed? *

Word count:

Must be no more than 70 words.

Budget

Include all funding and costs associated with your event.

You can add additional income and expenditure descriptions as needed.

Income	\$	Expenditure	\$
CUTHS funding	\$	Venue hire	\$
Your organisations contribution			
Other funding (add details below)			

Budget Totals

It is expected that income will match expenditure and events will break even except where the event is for fund raising purposes

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

Is your event a fundraiser? *

Yes

No

How will the funds raised be used? *

Word count:

Must be no more than 100 words.

Additional information

* indicates a required field

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Is there any additional information or attachments to support your application?

Word count:

Must be no more than 70 words.

Supporting attachments

Attach a file:

Declaration

The City of Melbourne is committed to protecting your privacy. The information requested in this form is being collected by City of Melbourne for the purposes of assisting with assessment of applications for grants and sponsorship. All information collected is securely stored in SmartyGrants and City of Melbourne 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 authorised by law. If the personal information is not collected Council may have difficulties in contacting you in a timely manner in relation to your application. If you wish to alter any of the personal information you have supplied to City of Melbourne please contact Council via telephone on 9658 9658 or complete our online [contact form](#)

By submitting an application you consent to Council publishing the successful applicants name, project name and description and the amount funded on our website. This information may also be used for promoting the City of Melbourne's grant program more generally.

If this application is successful you will be required to;

- comply with the law;
- comply with the venue hire contract and conditions;
- include the City of Melbourne's logo on all promotional materials for the event noting that prior written approval is required for the use of the City of Melbourne's logo;
- pay all other costs associated with the event outside of the CUTHS program; and
- complete an evaluation form within four weeks of the completion of your event.

I declare that the information contained in this application is true and correct and that the application has been submitted with the full knowledge and support of the committee of management of the applicant organisation and/or auspice organisation.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Date *

