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; *
Australian public companyCharitable fund
 Cooperative Incorporated association
O 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 2022-23 financial year? *
○ Yes ○ No
If your organisation has received \$7000 in CUTHS in the 2022-23 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

M=
Vord count: Must be between 20 and 100 words.
Applicant details
indicates a required field
Organisation details
Organisation name * Organisation Name
Street address * Address
Postal Address * Address
Address Address
Phone number *
Email address *
Vebsite
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

	LACNC Des	iakuatiau		
	ACNC Reg			
	Tax Conce	essions		
	Main busir	ness location		
	If you are a organisation	applying using an au ons ABN	spice use the auspi	ce
What is the aim of your organisation? *				
	Word cou Must be no	nt: more than 50 word:	S.	
Contact Person				
Contact name *	Title	First Name	Last Name	
Position *				
Phone number *				
Mobile phone number				
Email address *				
Applicant type				
* indicates a required field				
Are you applying as * o an organisation		an organisat	cion or group with	an auspice
Auspice details				
An auspice is an organisation tha administering the sponsorship on unable to apply for funding.				
Applications from individuals or fo	or profit or	ganisations canno	t be auspiced.	
Auspice organisation	Organisat	ion Name		
name *				
Auspice contact person *	Title	First Name	Last Name	

Auspice contact email *		
Auspice ABN *		
	The ABN provided will be used to	
	information. Click Lookup above tentered the ABN correctly.	to check that you have
	Information from the Australian Busi	iness 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	Attach a file:	
agreement *		
Event details		
* indicates a required field		
Which venue are you using? * O Melbourne Town Hall		
Meat Market		
 Kensington Town Hall 		
Date of event *		
Event must take place between 1 Jul	y 2022 and 30 June 2023	
Total Amount Requested *		
\$		
	amount of sponsorship you can apply	for is in the quote/proposal
you have received from the venue		

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

Attach a file:
What is the name of your event? *
What do you aim to achieve by holding this event? *
Word count: Must be between 20 and 70 words.
Briefly describe what will happen at your event? *
Word count:
Must be between 20 and 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: Must be between 20 and 100 words.
What is the primary target group for your event? *

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

How many of the expo vulnerable people? *	ected attendees w	ill be City of Melbour	rne residents and/or
Do you intend to invit ○ Yes	e a representative	e from Council? * O No	
Who do you intend to	invite? *		
If you would like to invite the Office and/or Councillor Su			ions to the Lord Mayors
Do you think this even	nt will attract med	ia attention? * ○ No	
Please describe the m	nedia attention *		
Word count: no more than 50 words			
Financial informa	tion		
* indicates a required fie	eld		
Do you intend to char O Yes	ge an entry fee? *	○ No	
What will the entry fe \$ Must be a dollar amount.	e cost? *		
What will the concess	ion entry fee cost?) *	
\$ Must be a dollar amount.	ion chary ree cost.		
Do you have any addi		this activity, includir	ng any other funding
from the City of Melbo Yes	ourne? *	○ No	

Who is providing th	e addit	ional funding?	*		
How much funding a \$ Must be a dollar amount		receiving? *			
Is the funding confir	rmed o	r not confirme	d? *		
Budget					
Include all funding and You can add additiona		_		as need	ed.
Income	\$		Expenditure		\$
CUTHS funding	\$		Venue hire		\$
Your organisations contribution	\$		Catering		\$
Other funding (add details below)	\$		Audio visual equ	uipment	\$
	\$				\$
	\$				\$
Budget Totals It is expected that i except where the ex				events	will break even
Total Income Amount		Total Expenditure Amo	ount.	Income - E	xpenditure
\$		\$	June	\$	xpenuiture
This number/amount is calculated.		This number/amo	ount is	This nur	mber/amount is ed.
Is your event a fund Yes	lraiser?	*	○ No		
How will the funds :	aised l	oe used? *			
Word count: Must be no more than 10	00 words				

Additional information

* indicates a required field

Is there any additional information or at	ttachments 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

Position *		
Date *		