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 company
- Charitable fund
- Cooperative
- Incorporated association
- 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 2024-25 financial year? * $_{\bigcirc}$ Yes $_{\bigcirc}$ No

If your organisation has received \$7000 in CUTHS in the 2024-25 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? *

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 *

Word count: Must be between 20 and 100 words.

Applicant details* indicates a required fieldOrganisation detailsOrganisation name *

Organisation Name

Street address *

Postal Address *

Address

Address

If you are using a PO Box click into the box above and select "Can't find address?", you can then manually enter your address

Phone number *

Email address *

Website

ABN *

Must be a URL.

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 End	dorsed		
	ATO Cha	arity Type	More information	
	ACNC R	egistration		
	Tax Con	cessions		
	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	
Position *				
Phone number *				
Mobile phone number				
Email address *				

Applicant type

* indicates a required field

Are you applying as *

 \bigcirc an organisation

 \bigcirc 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

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Auspice contact person *	Title	First Name	Last Name	
Auspice contact email *				
Auspice ABN *				
		provided will be us		
		on. Click Lookup al	bove to check that	t you have
		he ABN correctly.		
	Informatio	on from the Australia	in Business Register	
	ABN			
	Entity nar	ne		
	ABN statu	S		
	Entity typ	e		
	Goods & S	Services Tax (GST)		
	DGR Endo	orsed		
	ATO Char	ty Type	More informa	ation
	ACNC Reg	jistration		
	Tax Conce	essions		
	Main busi	ness 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 July 2024 and 30 June 2025

Total Amount Requested *

\$

Maximum sponsorship of \$7000. The amount of sponsorship you can apply for is in the quote/proposal you have received from the venue

Copy of the event proposal / quote provided by the venue (if you are applying to use Melbourne Town Hall from 1 July please attach a booking/hold confirmation) * 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 y	our event? *
How many of the expected attendees will be vulnerable people? *	City of Melbourne residents and/or
Do you intend to invite a representative from O Yes	
Who do you intend to invite? *	
If you would like to invite the Lord Mayor or a Councillor Office and/or Councillor Support GPO Box 1603, Melbou	
Do you think this event will attract media at O Yes	
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 I 	١o
What will the entry fee cost? *	
\$ Much he a dellar arrequet	
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? *

\bigcirc res

O No

Who is providing the additional funding? *

How much funding are you receiving? *

\$ Must be a dollar amount.

Is the funding confirmed or not confirmed? *

○ Confirmed

Not confirmed

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	\$ Catering	\$
Other funding (add details below)	\$ Audio visual equipment	\$
	\$	\$
	\$	\$

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.	



Is your event a fundraiser? * ○ Yes

O No

How will the funds raised be used? Note that any funds raised must be distributed within Australia. $\ensuremath{^*}$

Word count: Must be no more than 100 words.

Additonal information

* indicates a required field

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 <u>contact form</u>

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;

Name *

- 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.

Title	First Name	Last Name

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Position *	
Date *	