Events Assistance Program Application Form



Need help?

If you need assistance with your application or aren't sure where to start, please contact your Local Development Officer: ldo@maranoa.qld.gov.au | 1300 007 662

Before You Begin

Maranoa Regional Council's Events Assistance Program provides funding to help not-for-profit organisations deliver community events that build local spirit, promote regional identity, and support economic and tourism outcomes.

Category	Aim	Funding Available
Community Events	Designed to support small-scale local events that attract up to 300	Up to \$500
	attendees and cater to a specific town or local community.	
Regional Events	Targeted at events that attract 300-1000 attendees from across the	Up to \$1,000
	Maranoa region and provide moderate social and economic benefits.	
Large-scale Events	Larger-scale events that attract more than 1,000 attendees, may run over multiple days, and have the potential to draw visitors from outside the LGA. These events provide positive community, tourism and economic outcomes.	Up to \$2,000

Funding of up to \$2,000 per application is available through four funding rounds each year:

• Round 1: Closes 31 January

Round 3: Closes 31 July

Round 2: Closes 30 April

Round 4: Closes 31 October

For full program details, please refer to Community Grants and Events Assistance Policy.

Submitting your application

Please send your completed application form and all required attachments to: council@maranoa.qld.gov.au

Part 1: Application Summary				
Applicant name				
Organisation				
Email address				
Phone number				
Postal Address				
Is your Organisation	☐ Yes			
not-for-profit	□ No			
Organisation status	☐ Incorporated Legal Entity (Incorporated Association)			
	☐ Charitable institution			
	☐ Community organisation with a minimum of 5 years operation			
	☐ Auspiced by an eligible organisation (complete Part 2)			
Does your organisation	☐ Yes - ABN Number:			
have an ABN?	□ NO – Please complete a Supplier Statement Form.			
Part 2: Ausnising Overnisation's Potails				

Part 2: Auspicing Organisation's Details If you are not being auspiced by another organisation, go to Part 3.					
Organisation's Name					
Is the organisation registered for GST?	☐ Yes☐ No☐ ABN Number:				
Contact Person					
Contact number					
Email Address					

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Part 3: Event Details	
Event name	
Location	
Date/s	
Purpose	
Event entry fee	
Estimated attendance	
Target demographic	
Have you obtained all necessary permits, licenses, and approvals for the event?	
Part 4: Purpose & Objective	es
How will your event provide local economic and/or tourism benefits to the area?	
How important is Council's funding/support to your overall event budget and ability to deliver the event?	
How will Council be acknowledged for this support?	
Have you received any other financial or in-kind assistance from Council in the last two years?	□ No □ Yes – Please elaborate.

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Part 5: Budget Breakdov	vn					
Organisation's Financial Contribution						
Volunteer contribution						
Other event sponsors						
Total event cost						
How much funding are you requesting, and what will it be used for?	t					
Are you also requesting an non-financial assistance, such as equipment, venue use, or fee waivers.						
Is your organisation registered for GST?	☐ Yes ☐ No					
List all costs associated v						
Item:	Cost (Excl GST)	Cost (Inc GST):	Requested from Council (whole amounts only):			
Total:	\$	\$	\$			
Part 6: Supporting documents		a allow for consideration of ve	our application:			
The following attachments must be provided at list a copy of your Public Liability Insurance Certificate attached? □ Yes □ No – You recommends must be provided at list and list are provided at list and list are provided at list are provid		ust provide a copy.	уаг аррисаноги			
Have you attached quotes for items exceeding No - You must provide copies of quotes for any item e		or any item exceeding \$1,000.				
Part 7: Signature required This section must be completed by an authorised representative of the organisation (e.g. President, Treasurer, Secretary, or Committee Member).						
Name:		Position:				
Signature:		Date:				