Community Events Grant 2027
Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Important Information About This Grant

The Community Events Grant supports initiatives that contribute to Eurobodalla's strong economy through learning, employment and business opportunities. It aligns with the theme "Our Economy" from the Eurobodalla Community Strategic Plan 2042, which seeks to promote vibrant events and tourism to become a top destination.

The Community Events Grant is guided by the Eurobodalla Events Strategy 2025-29.

Before completing this application form, you should have read the 2027 Community Events Grant Guidelines.

Applicants who take the time to read and understand these documents will be much better placed to submit a strong application.

Incomplete applications and/or applications received after the closing date will not be considered.

Important Information About Saving Your Application

To avoid losing any work, it's a good idea to save regularly - we recommend every 5 to 10 minutes. If you don't save or change pages, you will be logged out after 20 minutes and any unsaved changes will be lost. You don't need to complete the form all at once - you can work on it in stages. Just make sure to click 'save' each time before you exit.

If you have any questions, please contact Council's Grants team on (02) 4474 7363 or email grants@esc.nsw.gov.au

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete this section before you start your application to ensure you do not waste your time applying for an unsuitable grant.

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your event and the objectives of this program
- your event is being delivered by an eligible applicant group, such as a not-for-profit community organisation (eg local sports clubs, arts and culture groups, charities); a local event organiser (individuals or informal groups planning inclusive community events); a grassroots community initiative (small-scale gatherings or activities that activate public spaces); or is being held on Council-owned or managed land (eg parks, reserves, sportsgrounds).
- you or your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) Eurobodalla Local Government Area (NSW).
- your organisation is able to demonstrate financial viability
- your organisation does not owe any reports or money to Eurobodalla Shire Council as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- your organisation is not a political party
- you or your organisation is not a state or federal government representative, organisation, department or entity.

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy policy, please refer to the Privacy and Information Protection Policy.

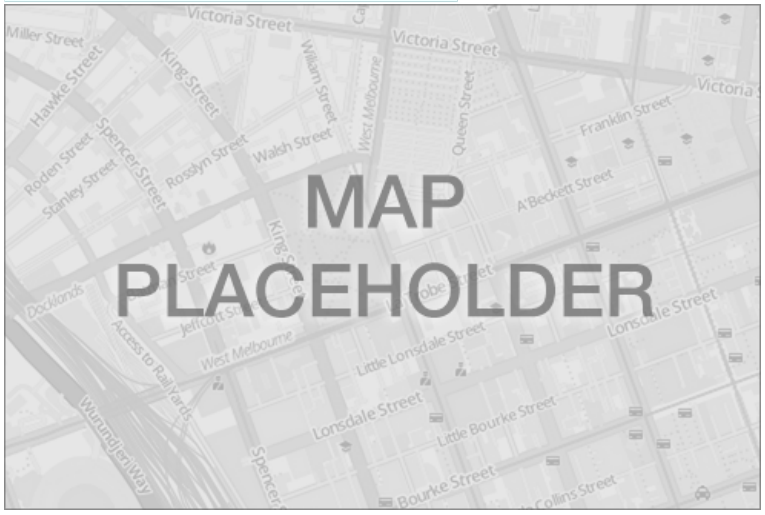
Applicant Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address



Applicant postal address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Primary Contact Details

Primary contact *
Title First Name Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact phone number *

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Bank Details

Account name *

BSB number *

Account number *

Organisation Details

* indicates a required field

How would you best describe your organisation or initiative?
☐ Not-for-profit or community organisation (local sports clubs, arts and culture groups, and charities hosting events that create social, cultural, and recreational engagement).
☐ Local event organiser (individuals or groups planning inclusive community events that encourage participation and strengthen local connections).
☐ Grassroots community initiative (small-scale gatherings, celebrations, and activities that activate public spaces and bring people together).
☐ Hosting an event on Council-owned or managed land (activities held in parks, reserves, sportsgrounds, and other community spaces that contribute to local vibrancy).
☐ Other:

Select the option that best fits your role in delivering the event.

What is your organisation's legal structure? *
○ Unincorporated association
○ Incorporated association
○ Cooperative
○ Company limited by guarantee
○ Indigenous corporation, association or cooperative
○ Organisation established through specific legislation
○ Trust
○ Unknown
○ Other:

If your organisation is unincorporated. it must have an auspice organisation.

Does your organisation have an ABN? *
○ Yes ○ No

Applicant 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	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form. *
Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

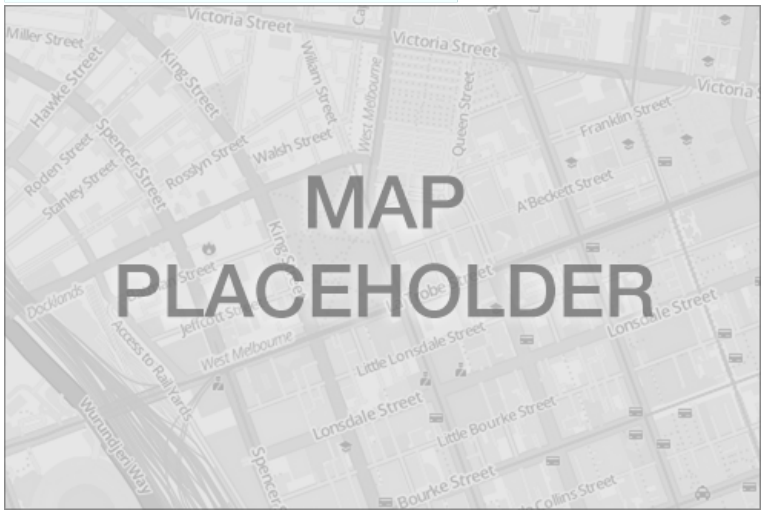
Auspice Organisation Details

Auspice organisation name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address
Address



Auspice postal address
Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Primary contact person at auspice organisation *
Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact phone number *

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *
Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *
○ Yes ○ No

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	

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form: *
Attach a file:

Max 25mb per file uploaded

Event Details

* indicates a required field

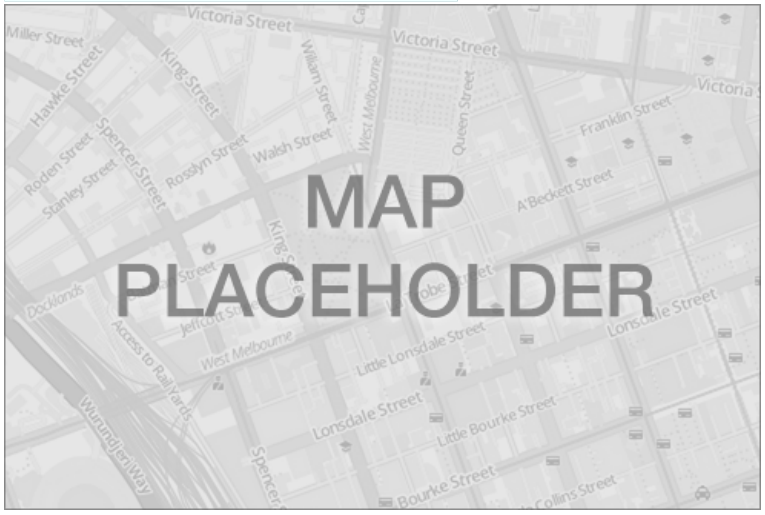
Event title *

Must be no more than 25 words.

Event location *

Eg name of venue, hall or reserve.

Event location address *
Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Anticipated start date *

Anticipated end date *

When is your event taking place? *
- ○ Winter off-peak (June, July, August)
- ○ Shoulder season (March, April, May, September, October)
- ○ Peak season (November, December, January, February)

Hint: All events are eligible for funding regardless of when they are taking place. However, seasonal timing contributes to scoring, with winter events receiving the full weighting. This question is worth 25% of your total score.

How many people are you expecting to attend? *

Must be a number.

How will you measure attendance? *

Word count:
Must be no more than 100 words.
Eg ticketing, headcounts, surveys. This question is worth 10% of your total score.

Please provide a short summary of your event *

Word count:
Must be no more than 100 words.
This should be a clear, concise summary that gives assessors a quick understanding of what the event is, who it's for, and what you hope to achieve. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

What are the planned activities? *

Word count:
Must be no more than 250 words.
Briefly list the specific activities that will take place and where they will take place. This question is worth 25% of your total score.

Which grant objective(s) does your event address? *

☐ Support local organisations and event organisers in planning and delivering successful community events
☐ Develop a positive community spirit through involvement, participation, relationship-building, and collaboration
☐ Encourage events that align with the Eurobodalla Events Strategy 2025-29 and benefit the majority of residents
☐ Enhance community identity and celebrate the cultural and social life of Eurobodalla
☐ My event does not address the grant objectives.

Select all that apply.

Download the Eurobodalla Events Strategy 2025-29.

How will you demonstrate that each selected objective has been achieved? *

Word count:
Must be no more than 250 words. Eg surveys, photos, feedback, media coverage. This question is worth 25% of your total score.

Event Budget and Funding

* indicates a required field

To avoid losing any work, it’s a good idea to save regularly - we recommend every 5 to 10 minutes. If you don’t save or change pages, you will be logged out after 20 minutes and any unsaved changes will be lost. You don’t need to complete the form all at once - you can work on it in stages. Just make sure to click ‘save’ each time before you exit.

Total Amount Requested *

What is the total funding you are requesting in this application? Maximum grant amount is $2,000 (excluding GST).

Total Event Cost *

What is the total budgeted cost (dollars) of your event? (Excluding GST.)

Will you be contributing funds and/or in-kind support to deliver the event? *

- ○ Yes
- ○ No

This question is worth 10% of your total score.

Event Budget (Income)

Please outline your event income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not. Amounts should be excluding GST.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

The income types listed in the dropdown menu are provided as suggestions to assist with completing the form. If your event has income sources not listed, please select 'Other' and specify your income type in the space provided.

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)	Notes
	Other:			
Provide a clear description for each budget item. Examples of income could include sponsorship from local businesses (please specify name), fundraising activities (raffle, sausage sizzle,	Please select the type of income or add your own using 'other'.		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context. Must be no more than 50 words.

trivia night), or stallholder fees. Must be no more than 50 words.				

Event Budget (Expenditure)

Please outline your project expenses in the expenditure table below. Amounts should be excluding GST.

Expenditure descrip tion	**Expenditure type**	**Expenditure amount (budgeted)**	**Notes**
	Other:		
Provide clear descriptions for each budget item. Examples of expenses could include entertainment costs (performers, musicians, emcees), basic equipment hire (PA system, tables, chairs), or venue hire and booking fees. Must be no more than 50 words.	Please select the type of expenditure or add your own using 'other'.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context. Must be no more than 50 words.

Calculating Budget Totals

The total event income and total event expenditure should match. This calculation should be zero ($0). If they do not match, please amend your figures above.

Budget Totals

Event Budget (Income)

This number/amount is calculated.

Event Budget (Expenditure)

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Grant Funding Approved Purpose

What items from the event budget expenditure table will the grant funding be used for? This establishes the approved purpose. *

Word count:
Must be no more than 250 words.

Event Budget and Funding (continued)

* indicates a required field

Additional information

How will you publicly acknowledge Council's support? *

Word count:
Must be no more than 100 words.
This question is worth 5% of your total score.

Will the event proceed if the full grant amount requested is not available? *

○ Yes
○ No

By indicating that the event could proceed without the full amount requested does not indicate that your request will automatically be reduced. However, if you indicate your event cannot proceed without full funding you risk receiving no funding, even if partial funding is available and warranted.

What is the minimum amount of funding you would need to receive to deliver this event? *

Must be a dollar amount.

If the full grant amount is not awarded, please outline how this would impact the delivery of your event. Specifically, what elements would be scaled back, modified, or removed, and would the event still proceed in some form? *

Word count:
Must be no more than 250 words.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I agree to use the funds for the approved purpose. If my application is successful, I agree to submit a project acquittal after the event.

I agree * ☐ Yes

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.