#### Eligibility and criteria

\* indicates a required field

#### Before completing this form:

Please ensure that your event meets the criteria and aligns with the priorities of this fund. You can find these priorities on the <u>Auckland Council Funding</u> webpage.

Only events which commence between 1 October 2024 and 31 December 2025 are eligible to apply for grants from this 2024/2025 funding round.

Have you received regional event funding for this event on previous occasions? *	○ Yes	○ No
Have you been declined regional event funding for this, or a similar event on previous occasions? *	○ Yes	○ No
What date does the Event commence *	Must be a date an	d between 1/10/2024 and 31/12/2025.

### Pre-application review required

New event application review

For events which have not received a regional event grant previously, please send brief event details and expected attendance numbers to regional event grants@aucklandcouncil.govt.nz before continuing this application.

This step is to help ensure your event is within scope for this grant programme and aligns with priority areas of focus.

#### Declined event application review

For events which have been previously declined funding from this grant programme, please contact us prior to submitting a further application. Please send details of the way this application differs from those previously submitted to regional event grants@aucklandcouncil.govt.nz before continuing.

This step is to help ensure that a subsequent application may have a greater chance of success than previously.

Applic	ant Det	tails				
* indicate	es a requi	red field				
Organi	sation o	details				
	<b>ation Na</b> tion Name					
<b>Postal</b> <i>A</i> Address	\ddress *	:				
Suburb	Town/ City	Postcode				
	New Zeala	and post code				
Suburb  Must be a	Town/ City	Postcode and post code				
Website						
GST nur	mber (if a	applicable)				
Incorpo	ration ce	rtificate numb	er			
Contac	t detail	S				
Contact pers	on * First Nam	e	Last Name	Alternative Contact	t person First Name	Last Name

Position held in organisation *		Position held in organisation	
(!xi)			
Phone (daytime)		Phone (daytime)	
Mobile		Mobile	
Fax		Fax	
Email *		Email	
Legal status			
of your organisation *	<ul> <li>Incorporated Society</li> <li>Charitable Trust</li> <li>Limited Liability Company</li> <li>Not for profit community group</li> <li>Individual or group with no formal legal structure</li> <li>What registration numbers apply to your organisation?</li> <li>(please provide all applicable numbers)</li> </ul>		
NZ Companies Office Incorporated Society number			
NZ Charities			
Registration number	to look up t	Registration Number provided will be used the following information. Click Lookup above lat you have entered the Charity Registration rrectly.	
		d Charities Register Information	
	Charity Regi	istration	
	Number		
	Organisation		
	Other Name	2S	
	Status		

Street Address

	Postal Address				
	Telephone				
	Fax				
	Email				
	Website				
	Date Registered				
NZ Companies Registration number					
Registration number	The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.				
	New Zealand Companies Register Information				
	NZBN				
	Entity Name				
	Registration Date				
	Entity Status				
	Entity Type				
	Registered Address				
	Office Address				
Event Production					
Is an Event Producer	○ Yes ○ No				
delivering the event on behalf of the Applicant?					
behalf of the Applicant?	ering on behalf of the Applicant)				
behalf of the Applicant?	ering on behalf of the Applicant)				
behalf of the Applicant?  Event Producer (if deliver	ering on behalf of the Applicant)				
Event Producer (if deliver)  * indicates a required field  Producing organisation name *					
behalf of the Applicant?  Event Producer (if deliver * indicates a required field * Producing organisation * indicates * indic	ering on behalf of the Applicant)  Address				
Event Producer (if deliver)  * indicates a required field  Producing organisation name *					
Event Producer (if deliver)  * indicates a required field  Producing organisation name *	Address				
Event Producer (if deliver)  * indicates a required field  Producing organisation name *					
Event Producer (if deliver)  * indicates a required field  Producing organisation name *	Address Suburb Town/ Postcode				

Contact person *	Title	First Name	Last Name	
Dhono (daytima)				
Phone (daytime)				
Mobile				
Mobile				
Email *				
Fax				
Website				
Event Information				
* indicates a required field				
·				
Event name *				
Proposed venue or				
location of event *				
Proposed event date/s *				
-				
Proposed event time/s *				
Proposed rain date/s *				
Estimated number				
of participants (if applicable) *	a whole num	ber (no decimal place)		
Estimated total audience (excluding participants)				
*	a whole num	ber (no decimal place)		
Target audience (what				
groups is the event				
aimed at) *				
Is there an entry fee for	○ Yes	○ No		
the event *		-		

Describe entry fees if payable (types and amounts)						
Do the financial amounts provided in your application include GST *	○ Yes	○ No				
Total estimated running costs for the event *	\$					
Has the event been held before? *	○ Yes	○ No				
Prior relevant experience of your organisation and key individuals *						
	Word count: Must be no more than 250 words.					
Event overview and purpose *	Word count: Must be no more than 250 words. Provide a short description of your project - what are you out to do?					
Organisation holding intellectual property						
rights to the event *						
Business Plan	Attach a file:					
Event Budget	Attach a file:					
Communications Plan	Attach a file:					

### **Previous Event Occasions**

\* indicates a required field

Dates, attendance numbers, and key outcomes achieved on occasions event held previously *		
Dates and description		
of any Auckland Council or Council Controlled Organisation funding or in-kind support provided on occasions event held		
previously *		
References and letters	of support	
	and the factor of the factor o	
Please attach any references or letters of	Attach a file:	
support		
Funding and Support		
* indicates a required field		
Event funding requested		
Amount of grant		
requested from the	\$	
Auckland Council Regional Event Fund *		
	Information on funding is required in each of the	no tables
	below. If not applicable please enter "None" for	or the
	Income source and \$0 for the value. Additional be added as required.	rows may
Confirmed sources of fundamental	ding and amounts received	
Funding source	\$	
	\$ \$	
	\$	
Unconfirmed sources of fo	unding and amounts applied for	

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\$

**Funding source** 

	\$	
	\$	
	\$	
Other income sources an	d amounts	
Income source	\$	
	\$	
	\$	
	\$	
Event partners / sponsors	5	
Naming rights sponsor		
Sub sponsors		
Other sponsors		
<b>-</b>		

#### **Event Alignment with Assessment Criteria**

\* indicates a required field

#### Assessment criteria

Eligible applications will be prioritised for events funding from the Regional Event Fund based on criteria contained in the Auckland Council Events Policy (May 2013).

These criteria are listed on pages five to seven of the **Regional event fund application guidelines**. This information should be referenced in answering the questions below.

Please indicate in the sections below the ways in which the event:

- 1.aligns with **Regional event key priorities**
- 2.delivers against **Funding criteria**
- 3.reflects matters listed under **Other considerations**
- 4.delivers against the Events Policy Action plan strategic priority for more Maori and youth events to create a balanced region-wide programme of events.
- 5.supports Climate impact mitigations

Information entered in this section will form a key component in the assessment and prioritisation of events for funding. BRIEF AND FOCUSSED RESPONSES in this section will assist in the effective assessment of your application.

Regional event key priorities				
Please outline the ways in which the event supports regional event key priorities (guidelines page 5) *	Word count: Must be no more than 250 words.			
Funding criteria				
Please outline the degree to which the event delivers the desired impacts for events as outlined in the	Word count:			
Events Policy (guidelines page 6) *	Must be no more than 250 words.			
Please outline the extent to which the event expands the variety or range of events on offer in the				
region (guidelines page 6) *	Word count: Must be no more than 250 words.			
Please outline the level of positive community benefits generated by the event (guidelines page 6) *				
page 0,	Word count: Must be no more than 250 words.			
Please outline the amount of community support, involvement and/or active partnerships in the	Word count:			
event (guidelines page	We de Courte			

Must be no more than 250 words.

**6)** \*

For existing events please comment on how effectively the event has been run in the past, or for new events,	Word count
comment on the extent of planning undertaken relative to the scale and risks associated with the event (guidelines page 6) *	Word count: Must be no more than 250 words.
Action plan strategic prior	rities
Maori event focus - please out focus in terms of content and	tline the ways in which the event reflects a Maori /or audience *
Word count: Must be no more than 250 words.	
Youth event focus - please ou focus in terms of content and	tline the ways in which the event reflects a Youth or audience *
Word count: Must be no more than 250 words.	
Climate Impact Mitigation	
	vill be taking to reduce climate impacts of your nimisation, encouraging walking, cycling or use of
Word count: Must be no more than 250 words.	
Other considerations	

Please comment as appropriate on any of the other considerations listed in the fund application guidelines	Word count:
(page 7) *	Must be no more than 250 words.
Other Information	
Please record any other infor	mation in support of your application
Word count:	
Must be no more than 250 words.	
Documents containing additional application if required.	l background information may be attached to your
These should not be as a sub	stitute to full completion of the preceding sections.
Please attach no more than 5	documents.
Attach a file:	
<b>Declaration and Privacy</b>	<sup>,</sup> Statement
* indicates a required field	
	the right to subsequently decline an application or request above information is found to be incorrect.
	of our/my knowledge the information contained in
this application is correct *  O Yes	○ No
I/We confirm that any funds o	granted will only be used for the activity described in
this application *  O Yes	O No
	of our/my knowledge I/we have no perceived , interest in applying for or using any grant funding *  No
<b>Do you consent to a random</b> to Yes	financial and quality audit of your project/activity? *

For guidance on whether you have a perceived, potential or actual conflict as a result of applying for and using grant funding you should consider the following matters - if in doubt you should declare the conflict.

A conflict of interest could arise where you (the applicant) have a responsibility as a result of receiving Council grant monies. This could affect another responsibility, duty or relationship you may also have.

#### For example

- Personal or family relationships that you have
  - with Council employees
  - with Council contractors
  - organisations or persons that you will procure services from with the grant monies
- Financial relationships
  - eg investments that you have in entities that you will procure services from with the grant monies
- Employment relationships or membership of clubs

			t monies from your employer ancially from the arrangemen	
If you have answere	ed No to any of th	ne above, please p	provide details below:	
Official Informat  I/We understand released to the I/we understand I/We undertake provide these de	ion and Meetings d that my/our namedia or appear I that I/we have t that I/we have o	s Act 1987 me and brief deta in publicity mater the right to have a	by the Local Government ails about the project may rial. access to this information ent of all people involved t	
*      Accept		○ Decline		
Declaration Date *				
Your Name * First Name	Last Name			
Position in Organisa	tion *			

When your application is submitted you will receive an automatic confirmation email that the application has been received from Smartygrants. If you do not receive an email confirmation, please check to see if the email has been treated as "spam".

If you need assistance please contact the grants advisor at <a href="mailto:regionaleventgrants@aucklandcouncil.govt.nz">regionaleventgrants@aucklandcouncil.govt.nz</a> or phone 09 301 0101.

#### Privacy

Any personal information that you provide in this form will be held and protected by Auckland Council in accordance with our <u>privacy policy</u> and at our libraries and service centres) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.