Form Preview

Eligibility

* indicates a required field

Applicant Information

Before completing this application form you should have read the City's Corporate Sponsorship Program Guidelines. (Corporate Sponsorship Program - City of Joondalup)

Applications that don't meet these guidelines or that are incomplete will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this program.

If you have any questions please contact Lia Harris, Strategic Marketing and Sponsorship Officer t: 9400 4169 e: lia.harris@joondalup.wa.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

I confirm that:

- I have read and understood the City's Corporate Sponsorship Program Guidelines.
- I am able to demonstrate alignment between the event, program or activity and the criteria and objectives of this program.
- The event, program or activity is being hosted within the City of Joondalup boundaries.
- The event, program or activity will not occur within 3 months of the application being received.
- The organisation, event, program or activity has not previously submitted and been successful with an application for sponsorship within the same financial year.
- The organisation, event, program or activity has not received any financial support through another City funding program within the same financial year.
- The application is not for capital or general operating expenditure, or for more than 50% of the total cost of the event, program or activity.
- The application is not for an individual person or family benefit.
- The organisation, event, program or activity is not involved with illegal activities, tobacco, adult related industries, racist organisations, political organisations, religious activities for the purpose of furthering religious doctrine, companies or project seeking City approvals or endorsements, harm toward the environment or is in conflict with the City's values.

Please select below: *

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0	Yes							○ No	

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

Applicant Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>.

City's privacy statement.

Applicant Details

Organisation * Organisation Name

For organisations: 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.

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 ADN							

Must be an ABN.

Applicant Address	primary	address	

Start Time

Applican Address	nt postal addre	SS
Applican	t website	
Must be a	URL.	
Primary	/ Contact Det	cails
Primary Title	contact * First Name	Last Name
This is the	person we will cor	respond with about this sponsorship application.
Position	held in organis	sation *
e.g., Mana	ger, Board Membe	r or Fundraising Coordinator.
Primary	contact primar	ry phone number *
Must be ar	n Australian phone	number.
Primary	contact email a	address *
This is the	address we will us	se to correspond with you about the sponsorship application.
Event,	Program or	Activity Details
* indicate	es a required field	3 3
Event, p	rogram or activ	vity name *
Start da	te *	
Must be a	date.	
End date	e *	
Must be a	date.	

End Time					
Address (the event, p Joondalup boundaries Address		or activity r	nust be loca	ted withi	n the City of
Address Line 1, Suburb/To	wn, State/P	rovince, and F	ostcode are red	quired.	
Event, program or ac	tivity ove	erview *			
Detailed description of the information and historical			ty including (bu	ıt not limite	d to) programmino
What are the expecte	ed outcon	nes of the e	event, progra	am or act	ivity? *
Outline KPI's for the event program or activity to ach		lance targets,	participation ra	te), what y	ou want the event,
Criteria					
* indicates a required fi	eld				
Outline target marke	t/groups	for the eve	nt, program	or activi	ty. *
Does this event, program ratepayers, youth, seniors				arket group	s of residents,
Anticipated attendan	ice, partio	cipant and/	or spectator	numbers	*
Cost to attend the ev	ent *				
\$					

Cost to participate in the event *
\$
How will the event, program or activity create long term value to the City and it's residents? *
Detail the community benefits/value this event, program or activity can provide.
How will the event, program or activity provide positive exposure for the City's
brand and image locally and/or regionally? *
Provide details of the planned advertising and promotional campaign; proposed media coverage and risk mitigation strategies.
Outline the tangible benefits the City will receive as part of the sponsorship
agreement. *
e.g. logo on promotional materials, social media; signage at the event, program or activity; ability for a City representative to attend/speak at the event etc. Outline what is included as part of this agreement and what can be provided at an additional cost to the City.
agreement and what can be provided at an additional cost to the city.
How will the event, program or activity enhance the liveability of the City for the community and promote Joondalup as a destination of choice for visitors to the region? *
Will the event, program or activity attract visitors from outside the region? * □ Yes
□ No At least 1 choice must be selected.
At least 1 choice must be selected.
Provide further details about these visitors including how they will be communicated with/attracted to the event, anticipated numbers, where they will
come from and/or if they will stay in the region for the event.

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How will the event, program provide benefits to local bus	or activity stimulate economic development and/or sinesses? *
Will local businesses be engaged w with local businesses?	ith the event, program or activity; will participants/attendees spend
Upload documents/materials schedules, event plans Attach a file:	s that will support the above. e.g. advertising
Financials	
* indicates a required field	
Total Amount Requested *	\$ What is the total financial support you are requesting in this application (excluding GST)?
If successful, what expercover?	nditure item/s will the City's contribution
Expenditure	\$
	\$
	\$ \$
	\$ \$
	\$
	\$
	\$
	\$
Budget (excluding GST)	
details of other funding that	get in the income and expenditure tables below, <i>including</i> the you are seeking and/or have applied for, whether it all amounts should exclude GST.
Provide clear descriptions for ea	ach budget item in the 'Income' and 'Expenditure' columns,

(\$)

Income Amount Notes

Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your

Confirmed

Funding?

figures for each table total correctly.

Income Description **Income Type**

			\$					
			\$					
			\$					
			\$					
			Must be a dollar amount.					
Expenditure Description	Expenditure Type	(\$)	liture AmountN	otes				
		\$						
		\$						
		\$						
		\$						
Budget Totals								
Total Income Amount *	Total Expenditure	Amount *	Income - Expe	nditure *				
\$ This number/amount is calculated.	\$ This number/ calculated.	amount is	This numbe calculated.	er/amount is				
Applicant Capac * indicates a required to	•	ence						
Please provide details about your organisation and/or team, and previous experience that will give us confidence that you can complete the work you've described in this application. *								
Include in this section inf volunteers, time/expertis or activity within the prop demonstrate your organi material if available/relev	e, equipment, facilities cosed timelines. Provic sation's capacity to un	etc.) and ho	w you will completen also about any pa	e this event, program est work that may				
Upload any docume previous examples of Attach a file:			rt the above e.	g. references,				

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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).

- Submission of this application constitutes acceptance of these Terms and Conditions.
- The information provided on the application form is correct at the date of submission.
- Corporate sponsorship applications are typically assessed at the end of each month.
- Written notification of the outcome of the assessment will be issued within three months of the application being received.
- If the application is successful, following completion of any details, a sponsorship agreement will be drafted by the City outlining the terms of the sponsorship and the duties of each party, which must be signed and kept on file by both parties.
- By submitting this application, there is no guarantee that the City will sponsor the event, program or activity.
- Applications are not transferable between organisations, events, programs or activities.
- The application must outline the full details of the event, program or activity and the agreement will apply strictly for the event, program or activity listed in this application.
- Corporate Sponsorship commitments are subject to available funds within the City's budget.
- The City's assessment decision for this application is final.
- The applicant will notify the City of any changes to the details in this application as soon as they become known to the applicant.

l agree *	○ Yes		○ No	
Name of authorised person *	Title Must be a sauthorised	First Name senior staff member volunteer	Last Name , board member or a	appropriately
Position *	Position he	eld in applicant orgar	nisation (e.g. CEO, T	reasurer)
Contact phone number *	We may co	n Australian phone no ontact you to verify t licant organisation		is authorised
Contact Email *				
	Must be an	email address.		
Date *				
	Must be a	date		

Applicant Fee	edback							
	•		Before you review y s to provide some f	your application and feedback.				
Please indicate	how you found	d the online appl	lication process:					
		○ Neutral	-	Very difficult				
How many minu	How many minutes in total did it take you to complete this application? *							
Estimate in minutes	s i.e. 1 hour = 60							
			t any improveme you think we nee					
Please indicate O Very easy How many minutes Estimate in minutes Please provide	how you found Easy Lites in total did s i.e. 1 hour = 60 us with your su	d the online appl Neutral d it take you to d	ication process: Difficult complete this app	Very difficululation? * nts and/or				