



ADDITIONAL INFORMATION FORM

Community Events and Celebrations Grants

Please attach this Form to the Lotterywest Grant Application Form.

Note: Your application needs to be submitted at least four months before your organisation requires a decision from Lotterywest. This will allow us time to assess your application, inform you of the decision and provide you time to organise your event.

If you are applying for more than one event in the financial year please provide details for all events in this application.

The general limit for Community Events and Celebration Grants is up to \$20,000 per financial year. Major regional events that involve a cross section of communities and attract a high level of attendance may apply for more than \$20,000. Please refer to the Community Events and Celebrations Information Package for further information.

The information provided in this Additional Information Form should be kept brief and provide indication that the proposal is likely to meet all criteria (as listed in the Community Events and Celebrations Grants Information Package).

Please contact Lotterywest for further information or to discuss ideas for a Community Events and Celebrations Grant.

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Toll Free: 1800 655 270
TTY: (08) 9340 5236
Fax: (08) 9340 5274
Email: grants@lotterywest.wa.gov.au
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Street Address: Lotterywest (Grants and Community Development)
74 Walters Drive
Osborne Park WA 6017

Postal Address: Lotterywest (Grants and Community Development)
P O Box 1113
Osborne Park WA 6917



NAME OF APPLICANT ORGANISATION

1. NAME OF EVENT

2. DATE, TIME AND LOCATION OF EVENT *(Please ensure that you have submitted your application at least four months before the date that your organisation requires a decision from Lotterywest).*

Please provide details on when, what time and where the event will be held.

3. SIGNIFICANCE OF THE EVENT

Describe why the event is significant and to whom.



How many people do you expect to attract to the event?

If the event is being held at the same time or has a similar focus to another type of event being offered in the region or State, how does this event differ from or complement such an event?

4. COMMUNITY ACCESSIBILITY

What measures have been taken (event date, time, location, program, etc) to ensure the event is suitable for members of the broader community (i.e. seniors, children, multicultural groups, etc.)?



Describe how the event will be promoted and advertised.

Provide details on whether the event is accessible to people with a disability.

A practical guide to *Creating Accessible Events* prepared by the Disability Services Commission may also help you to plan your event. This can be accessed directly at: <http://www.disability.wa.gov.au/DSC:STANDARD:1844287421:pc=L5C4C8>.

5. EVENT MANAGEMENT

Outline your experience or ability to undertake and manage the event effectively. For example, information about how you managed a similar event in the past? Was the event successful? How many people has the event previously attracted?



Provide details of the event management plan. Who (i.e. the individuals, groups, or consultants involved), what (i.e. identify the key tasks) when (the dates the tasks will be completed), and who will coordinate/manage the day?

Outline what measures have been undertaken to provide for relevant infrastructure and support services i.e. Ambulance, First Aid and Police Services. Please include the contact details of whom you have liaised with.

<u>Service Type</u>	<u>Confirmed</u>	<u>Unconfirmed</u>	<u>N/A</u>	<u>Contact Details</u>
▪ Ambulance/First Aid Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Fire Emergency Services Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Western Australian Police Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ State Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Regional Hospital(s)/ Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Event infrastructure services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Other (Please describe below)				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments



6. RISK MANAGEMENT

Outline the consideration that has been given to public safety and risk management and attach your risk management plan if a separate document.

7. EVENT PROGRAM

Please provide a brief overview of the event program.



Please indicate components of the event that are free and/or affordable.

8. EVENT EVALUATION

List your anticipated achievements for the event (be realistic that they are achievable). For example, you might assess the success of your event by the fact that the event is held as planned and within budget, that projected attendance numbers are achieved, or that priority target group/s participate etc.

Please include your plans for evaluating the event.



If you have previously run this event or a similar type of event please provide your evaluation of key achievements for that event, including what was learnt from managing the event and how this might improve the delivery of future events.

If this application is successful, do you agree to being included in our Community Events Diary on our web site (including a CONTACT NAME AND PHONE NUMBER)

Yes / No

Contact Name: _____

Phone No. _____



9. EVENT BUDGET

Please provide a budget for the entire event by: indicating the cost of items required; details of what income source is meeting the cost; and if the source of income has been confirmed.

<i>ITEM DESCRIPTION</i>	<i>COST \$ (EX- GST)</i>	<i>DETAILS OF INCOME SOURCE E.g. Lotterywest, Own funds etc.</i>	<i>CONFIRMED Y/N</i>
Venue hire			
Advertising and promotion Radio Television Newspaper Other (please list)			
Printing			
Equipment hire Audio Lighting Other (please list)			
Entertainment costs			
Travel and accommodation			
Administration and office costs			
Professional fees and salaries			
Materials/consumables			
Evaluation costs			
Other (please list below)			
	TOTAL COST	TOTAL INCOME	
	\$ _____	\$ _____	

NB. Total Cost should equal the total of Income Sources.