

# Destination Event Funding Program Application 24/25 Round One Form Preview

## Destination Kiama Event Funding Application

\* indicates a required field

### Applicant Details

**Applicant full name \***

First Name

Last Name

**Secondary contact person (optional)**

Please provide full name and contact details

### Contact Details

**Applicant's position held in group/organisation \***

**Primary (physical) address \***

Address

  

**Postal address (if different from above)**

Address

  

**Daytime phone number \***

Organisation Name

**Email \***

Must be an email address.

**Website or social media account**

Must be a URL.

**Is your event based in the Kiama Local Government Area? (or at least 60% of it) \***

☐ Yes

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☐ No

Hint: Please note this funding is for events within the Kiama LGA

## Brief statement to describe your group/organisation \*

Must be no more than 500 words.

## Australian Business Number (ABN) - if applicable

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Applicant organisation's incorporation, ASIC or ORIC number - if applicable

## Event Details

\* indicates a required field

### Proposed event name or title \*

### Please provide a description of your event. List the objectives and what makes it unique? \*

Must be no more than 500 words.

Hint: What are the event components, ticketed or free of charge, target market, key stakeholders and suppliers how does your event assist in meeting objective 4 of Kiama Municipal Council's Tourism & Events Strategic Plan to 'Create a Thriving High Quality Event Destination?' See [Kiama Strategic Tourism & Events Plan](#)

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**How many times has this event run? \***

- ☐ This will be the first year
- ☐ Once
- ☐ Twice
- ☐ Three or more years

**Anticipated number of attendees \***

**Proposed event location/venue \***

Hint: Name of reserve/venue you wish to hold your event

**Proposed event date and time \***

Hint: Date and Time the event will be open and closed to attendees

**Proposed event bump in/out date and time \***

Hint: Date and Time setup and pack down will commence and conclude

**What is the event duration? \***

Hint: eg. days/hours

**Links to the event website and social media accounts (if applicable)**

Must be a URL.

Hint: Website, Facebook, Instagram, YouTube, Tik Tok, Twitter, ATDW

**Is your event categorised as a major or destination event? \***

- ☐ Destination Event
- ☐ Major Event
- ☐ Unsure

Hint: See [Event Categories](#) for further details

**Have you previously received funding from Destination Kiama/Kiama Municipal Council? \***

- ☐ Yes
- ☐ No

If you answered yes to the above, please supply details on previously funded projects or events, including the amount of funding received in each instance:

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Funding Program Name	Funding Year	Funding Amount Received
		\$
		\$
		\$

**What amount of financial support are you requesting? \***

Must be a dollar amount.

Hint: Total financial support for operational and marketing costs

**What amount of in-kind support are you requesting?**

Must be a dollar amount.

Hint: In-kind refers to costs relating to Council services and facilities. See [Council's fees and charges](#) for costs.

**Total Amount Requested**

This number/amount is calculated.

**Please identify the financial support your event has outside of this funding program and how a successful application will positively impact your event? \***

Must be no more than 500 words.

**Will the funding sought allow the event to run without funding in future years? (if applicable)**

- ☐ Yes  
☐ No

## Destination Profiling

\* indicates a required field

**How will your event assist with increasing the profile of Kiama as a tourist destination and encourage pre / post event visitation to the area? \***

Hint: Will you be attracting new target markets and/or bringing visitors to the area that wouldn't usually come? How will this event add to the appeal of Kiama as a destination?

**Does your event align with one of the four hero experiences (TOP) if so which one? \***

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Must be no more than 500 words.

Hint: See [Tourism Opportunities Plan](#)

**What is your marketing strategy and how will the event help to raise the profile of Kiama? \***

Must be no more than 500 words.

Hint: How/where will your event be promoted? Will it attract media coverage? eg social media, newspaper ad/editorial, TV campaign, radio, what location areas will be targeted & if local/regional/state wide media exposure will be achieved, what engagement opportunities have been identified to enhance awareness of the event?

**Marketing Plan (optional)**

Attach a file:

Please see [Marketing Plan Template](#)

## Economic Impact

\* indicates a required field

**Have you run this event in the Kiama LGA previously? \***

- ☐ Yes  
☐ No

Please provide the below economic details from the previous event:

**What was the total attendee numbers to your previous event? \***

**Tell us about the demographics of the previous attendees? \***

Hint: Age, gender, location

**What was the estimated percentage of attendees that travelled more than 50kms to attend? \***

**What was the estimated length of stay for those visitors? \***

Hint: Please specify number of hours/days/weeks visitors stayed?

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Please provide the below economic details projected for your event:

**What is the total attendee numbers you expect to your event? \***

**Provide detail on the demographics of the predicted attendees to your event \***

Hint: Age, gender, location

**What is the expected number of attendees that will travel over 50kms to attend? \***

**How long are these visitors expected to stay? \***

Hint: Please specify number of hours/days/weeks visitors are expected to stay?

**How will your event provide an economic benefit to the local area? \***

Must be no more than 500 words.

Hint: What is the return on investment? How will you engage with other local businesses and suppliers and extend visitor length of stay?

**How will you monitor and evaluate the objectives and success of your event/activity? \***

Must be no more than 500 words.

Hint: Surveys, tracking ticket sales, monitoring social media engagement etc.

## Community Benefit

\* indicates a required field

**How will your event benefit the local community and how will you engage with them? \***

Must be no more than 500 words.

Hint: What evidence can you provide that the local community supports/will support your event?

**What measures will you have in place to ensure your event is accessible and inclusive? \***

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Must be no more than 500 words.

Hint: Support services such as wheelchair/pram access, connections to transport, tiered ticketing costs, specialised programs etc.

## How will your event acknowledge and promote cultural diversity? \*

Must be no more than 500 words.

Hint: e.g. youth engagement, Welcome to Country/Indigenous recognition, cultural performances

## Outline the sustainable and environmentally friendly practices you will be implementing for this event? \*

Must be no more than 500 words.

Hint: e.g. use of recycled, water refill stations, use of local businesses, reused or donated items, ability to minimise waste

## Capacity and Capability

### Budget

Select to either enter the predicted event income and expenditure within the table below OR upload a copy of your event budget.

Income details should include:

- Organisational contribution
- Amount of Council funding sought in this application
- Other funding that has been applied for (and whether this is confirmed or unconfirmed)
- Ticket admission
- Stallholder fees
- Merchandise sales
- Sponsorship (and whether this is confirmed or unconfirmed)

Expenses should include:

- All Kiama Municipal Council [fees and charges](#) (e.g. venue hire, traffic management, amenities, hire, equipment hire, waste services)
- Equipment/infrastructure (e.g. chairs, tables, fencing, structures, stages, water, waste services)
- Contractors/staff (e.g. event manager, stage manager, cleaner, traffic crew, first aid provider)
- Artists/performers (e.g. welcome to country, musicians, face painters, fire twirler)
- Marketing/promotion (e.g. social media, online/newspaper advert, magazine feature, flyer, banners, radio advert)
- Medals/certificates/trophies

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- Administration (e.g. printing, stationery, signage)
- Travel and accommodation

*You will be assessed on your ability to demonstrate that the event is financially viable and sustainable.*

## Financial Budget Upload

Attach a file:

Hint: See [Budget Template](#)

## Budget

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

## Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

## Event Management Plan

To aid your application we recommend uploading a copy of your event management plan that demonstrates:

- a thorough event concept
- capability and capacity (skills, experience and resources) to manage a successful event
- resource management planning, including consideration for staff and volunteers that will be required
- how the event will be improved and become more sustainable year on year? *(eg. extend reach to attract more out of area attendees, expansion of program/locations, purchase or development of expertise, higher collaboration with local businesses, more accessible and inclusive, longer hours of operation)*

## Event Management Plan Upload

Attach a file:

## Supportive Documents



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Please use this section to upload any applicable supporting information that you have available at this time.

## Development Consent (ie. DA)

Attach a file:

Hint: If you are unsure whether your proposed event will need a DA, please contact us [events@kiama.nsw.gov.au](mailto:events@kiama.nsw.gov.au). This could also include any written correspondence with council relating to a Development Application.

## Reserve Hire/Hall Hire application submission

Attach a file:

Hint: This could also include any email correspondence you may have with Kiama Council as to holding dates. See [Application for Reserve Hire](#)

## Event Risk Assessment

Attach a file:

Hint: Documents all risks to event staff and the public, mitigation in place, and the first and surname of the person that holds this responsibility. See [Event Risk Assessment Template](#)

## Upload your Public Liability Certificate of Currency

Attach a file:

## Any other supporting documentation

Attach a file:

Hint: Eg. Letters of support

## Declaration Privacy

\* indicates a required field

### Declaration \*

- ☐ I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, that the application has been submitted with the full knowledge and agreement of the management of my organisation/group and that I have delegated authority to sign this application
- ☐ I have read the Event Funding Guidelines for applicants. I agree that I will contact Kiama Municipal Council immediately if any information provided in this application changes or is incorrect.
- ☐ I acknowledge that the Kiama Municipal Council and Destination Kiama has the right to withdraw the offer of funding or demand the return of any funds already paid if it is discovered that any of the information provided is false, the event does not go ahead within the projected period, the funds are not fully expended at the end of the project period or if any funds cannot be accounted for.

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☐ Kiama Municipal Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

Hint: See [Event Funding Guidelines](#)

## Authorised Person's Name \*

Title First Name Last Name

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## Position Held \*

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## Date of Declaration \*

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Must be a date.

## Feedback (optional)

You are now nearing the end of this form. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.

### Please indicate how you found this application process

- ☐ Satisfactory  
☐ Unsatisfactory

### Do you have any feedback regarding the program guidelines?

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### Please provide us with your suggestions about any improvements and/or additions to this form that you think we need to consider:

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