

# Town Hall Subsidy Application Form 2023/2024

## Form Preview

### Town Hall Hire Subsidy Application

\* indicates a required field

Before completing this application

Please read the [Town Hall Hire Subsidy Guidelines](#) and the [CONDITIONS OF HIRE & USE](#)

#### Eligibility

**Have you read and understood the Town Hall Hire Subsidy Scheme Guidelines? \***

☐ Yes ☐ No

**Have you read and understood the Conditions of Hire & Use Document? \***

☐ Yes ☐ No

**Are you a not-for-profit incorporated association or similar incorporated legal entity or auspiced by a legal entity. \***

☐ Yes ☐ No

**Does your organisation operate within the Port Phillip municipality or are you able to demonstrate that your organisation benefits residents in the municipality? \***

☐ Yes ☐ No

**If you have previously received funding through City of Port Phillip have you met all acquittal conditions? \***

☐ Yes ☐ No ☐ Not applicable

**Do you have appropriate insurance for this project? As per the Conditions of Hire & Use document. \***

☐ Yes ☐ No

Including but not limited to, public liability, personal volunteer accident insurance, professional indemnity etc. Council requires Public Liability Insurance to the amount of \$20 Million be in place for this event.

If you have answered **No** to any of the above eligibility questions, please do not proceed with this application.

If you have any questions please contact Grants and Funding Officer on 9209 6777 or [grants@portphillip.vic.gov.au](mailto:grants@portphillip.vic.gov.au)

**Has your organisation already received a Town Hall Subsidy for the 2023-2024 financial year? \***

☐ Yes ☐ No

Please note organisations can only receive **one** Town Hall Subsidy per financial year.

If you have received a subsidy for the 2023-2024 year please do not proceed with this application.

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### Mandatory Insurance

Council requires Public Liability Insurance to the amount of \$20 Million be in place for this event.

**Do you or the Auspice Organisation (if applicable) have Public liability Insurance to the amount of \$20 Million to cover the event date? \***

☐ Yes ☐ No

### Applicant Organisation Details

\* indicates a required field

#### Organisation Details

**Applicant Organisation \***

Organisation Name

**Primary Address \***

Address

  

**Postal Address \***

Address

  

**Applicant Organisation  
Phone Number \***

Must be an Australian phone number.

**Primary Website**

**Provide a brief  
description of your  
organisation \***

Must be no more than 100 characters.  
What is its core business?

**Are you applying as \***

☐ An Incorporated Organisation ☐ An Organisation or Group with an Auspice ☐ A School

**Does your organisation  
comply with the  
following Australian and  
Federal Legislation?**

- ☐ Accounting and Auditing Requirements
- ☐ Equal Opportunity and Anti-Discrimination Laws
- ☐ Human Rights Laws
- ☐ Privacy, confidentiality and Freedom of Information Laws
- ☐ Registration or Accreditation of Professional Employees

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- ☐ Preparation and Dissemination of Annual Reports  
☐ Child Safe Standards  
You may tick multiple answers. Please tick those that apply.

**Name of Contact Person \***

First Name	Last Name
<input type="text"/>	<input type="text"/>

**Position held within organisation \***

**Contact Telephone \***

Must be an Australian phone number.

**Email Address \***

Must be an email address.

### Incorporated Organisations

**What is your organisation's Australian Corporation Number**

Must be a number <https://abr.business.gov.au/>

**ABN of organisation**

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 ACN <https://abr.business.gov.au/>

### Auspice Organisation Details

\* indicates a required field

#### Auspice Organisation Details

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**Auspice Organisation \***

Organisation Name

**Auspice Postal Address \***

Address

  

**Has the organisation agreed to Auspice this event? \***

☐ Yes ☐ No

**Signed certification letter from Auspice Organisation \***

Attach a file:

**Auspice Contact Person \***

First Name

Last Name

**Auspice Contact Person Position \***

**Auspice Contact Person Office Phone Number \***

Must be an Australian phone number.

**Auspice Contact Person Office Email \***

Must be an email address.

**What is the auspice's Australian Corporation Number (ACN) \***

Must be an ACN <https://abr.business.gov.au/>

**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.

## Council Priorities / Program Objectives

\* indicates a required field

### Council Priorities

Please indicate which of the below priorities the event aligns best with. You may select more than one.

**Inclusive Port Phillip**

☐ Port Phillip is a place for all members of our community, where people feel supported, and comfortable being themselves and expressing their identities.

**Sustainable Port Phillip**

☐ Port Phillip has a sustainable future, where our community benefits from living in a bayside city that is cleaner, greener, cooler and more beautiful. The importance of action in this area is emphasised by Council declaring a Climate Emergency in 2019.

**Vibrant Port Phillip**

☐ Port Phillip has a flourishing economy, where our community and local social enterprise thrive, and we maintain and enhance our reputation as one of Melbourne’s cultural and creative hubs. The importance of action is emphasised by Council declaring an Economic Emergency in 2020.

**How will the event align with the council priorities:**

### Program Objectives

**Please indicate the objective your project aligns with: \***

- ☐ Support programs and projects that increase social connection and participation, particularly for marginalised, vulnerable and disadvantaged cohorts.
- ☐ Support sustainability initiatives that maximise reuse and recycling opportunities and supports the circular economy.
- ☐ Support creative, education and employment outcomes

**How will the event align with the program objective: \***

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### Subsidy Request

**Are you applying for any other City of Port Phillip grants for this event? \***

☐ Yes ☐ No

**If you answer Yes please describe the grant application and status:**

**Are you applying for a Partial or Full Subsidy**

☐ Partial  
☐ Full Subsidy

### Event Details

**\* indicates a required field**

**What is the name of your event? \***

**What do you aim to achieve by holding this event? \***

Must be no more than 100 words.

Please note: if you have applied for this event in previous years, details of this year's event are still required as the system does not allow previous event details to be autofilled

**What type of event are you holding?**

☐ Fundraiser ☐ Stalls Market ☐ Dinner Dance  
☐ School Event ☐ Exhibition ☐ Workshop / Seminar  
☐ Social Support ☐ Religious Celebration ☐ Other:  
☐ Concert

**Please describe the running order of your event \***

Must be no more than 200 words

**Is the event open to Public or Private event only? \***

☐ Public ☐ Private

**Is your event ticketed? \***

☐ Yes ☐ No

**If Yes, please advise the ticket cost to attendees?**

Must be a dollar amount

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**Approximately how many attendees do you expect? \***

Must be a number.  
Please provide an estimate if unsure.

**How many attendees do you estimate to be Port Phillip residents? \***

Must be a number.  
Please provide an estimate if unsure.

**If the event is projected to make a profit, how will the funds be utilised? \***

**Please describe how your event will benefit the Port Phillip community? \***

Must be no more than 200 words

**How many volunteer hours will be utilised in the planning and delivery of this event?**

Must be a number. Please provide an estimate if unsure.

**What age groups will your event participants be in? \***

- ☐ Children and Youth (0 - 17)
- ☐ Young Adults (12 - 25)
- ☐ Middle-Aged Adults (18 - 49)
- ☐ Older Adults (50 - 64)
- ☐ Seniors (65+)
- ☐ All or Mixed Age Groups

**Who will be the beneficiaries of the event:**

- ☐ Older people
- ☐ People who identify as LGBTIQ+
- ☐ People with a disability
- ☐ People from multicultural backgrounds
- ☐ First Peoples
- ☐ People at risk of or experiencing homelessness
- ☐ Other:

**How will your event be inclusive of people of all abilities and backgrounds? \***

Must be no more than 100 words

**How will your attendees be informed of this event? \***

Must be no more than 200 words

**How do you propose to publicly acknowledge Council's support,**

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**if your request is successful? \***

Must be no more than 200 words. See "Support Requirements" in the Subsidy Scheme Information document

**Do you think this event will attract media attention? \***

- ☐ Yes  
☐ No

**If yes please describe?**

Must be no more than 100 words

## Venue Details

**\* indicates a required field**

### Event Day Contact

**Event Day Contact \***

Title First Name Last Name

**Event Day Contact Position \***

**Event Day Contact Mobile Phone Number \***

Must be an Australian phone number.

**Event Day Contact Email \***

Must be an email address.

**Which is your preferred venue? \***

- ☐ St Kilda Town Hall  
☐ Port Melbourne Town Hall

**First preferred date of event \***

Must be a date and between 1/7/2023 and 30/6/2024.

**Second preferred date of event \***

Must be a date and between 1/7/2023 and 30/6/2024.

**What time will you require access to start setting up? \***

**What time will you finish setting up? \***

**What time do doors open to guests? \***



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**What time does your actual event start? \***

**What time does your actual event finish? \***

**What time will you finish the total pack up and leave the building? \***

## Equipment Requirements

**\* indicates a required field**

## Food and Alcohol Requirements

Mark yes to any of the following that apply to your event and provide details.

- If you intend to sell alcohol, or include the cost of alcohol in the price of the tickets, you must obtain an appropriate Liquor Licence from the [Victorian Commission for Gambling and Liquor Regulation](#) and adhere to all relevant laws and regulations.
- Responsible Service of Alcohol Certificates must be provided if alcohol is being consumed for all servers.

**Will alcohol be served at the event? \***

- ☐ Yes  
☐ No

**If yes will Alcohol be sold or provided as part of an inclusive charge?**

- ☐ Yes  
☐ No

Please note that a liquor licence from the Victorian Commission of Gaming and Liquor Regulation is required for all liquor consumption.

**Will food be served at the event? \***

- ☐ Yes ☐ No

**Who will be providing the food**

- ☐ Registered Caterer ☐ Brought by host or event guest

**Do you intend to serve self catered food?**

- ☐ Yes ☐ No

## Caterers details

**Name of caterer**

**Caterers Contact Person**

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First and Last name

**Caterers Email**

**Caterers Phone Number**

**Do you require use of the deep fryer?**

☐ Yes ☐ No

Please note that you must provide, remove and discard any oil offsite yourself.

**Type of Catering**

☐ Buffet style ☐ Cocktail style ☐ Plated service ☐ Other:

External cooking appliances are not permitted, please contact Council officer prior

## Floorplan Requirements

**Room set up:**

- ☐ Banquet Sit Down ☐ Cocktail style  
☐ Banquet Sit Down with Dancefloor ☐ Clear Space  
☐ Theatre Style ☐ Other:

**Please further describe your event set up and inclusion:**

## OH&S

**An onsite emergency briefing will take place with Council staff do you agree to this requirement \***

☐ I agree

**An emergency evacuation script will be provided to assist you for annoucement at your event do you agree to this requirement \***

☐ I agree

## Event Requirements

### Event Equipment at St Kilda Town Hall

Please mark any of the following that apply to your event.

Equipment	Number
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50 * Banquet Round (1.8m tables)	
500 * Banquet Chairs	
35 * Trestle Tables (1.8m)	
6 * Cocktail Tables (.90)	

## St Kilda Town Hall AV Requirements

Do you know your AV requirements? If Yes, please fill out the below. If NO, all AV requirements are due no later than 3 months prior to your event. Please advise if you are having any of the following:

St Kilda Town Hall AV Equipment	Number
Lectern with Microphone (2)	
Wireless Microphone (4)	
Microphone Stand (4)	
AUX Cord	
DJ input	
Projector & Screen (HDMI or VGA connection only)	

## Event Equipment Port Melbourne Town Hall

Equipment	Number
25 * Banquet Tables (1.5m diameter)	
250 * Chairs	
10 * Trestle Tables (1.8 * 0.75m)	

## Port Melbourne Town Hall AV Requirements

AV Equipment	Number
1 * Data Projector and Screen	
1 * Lecture and Microphone	
2 * Wireless Microphone	
1 * Microphone Stand	

## External Equipment

### Any external equipment that will be brought in:

- ☐ Audio/ Sound
- ☐ Decorations
- ☐ Lighting
- ☐ Staging
- ☐ Other:

### Details of external equipment

## Entertainment

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**Will you be engaging a band, DJ or other entertainment for your event?**

☐ Yes

☐ No

**Name of entertainment**

**Entertainment Contact Person**

First and Last name

**Entertainment Contact Number**

**Entertainment time in and time out?**

## Additional Information

\* indicates a required field

Please enclose the following information relating to your organisation:

**Public Liability  
Insurance Certificate \***

Attach a file:

Even if you do not hold current Public Liability Insurance to cover the event date you are still required to submit your current Public Liability insurance

## Declaration

I certify that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management/committee of the applicant organisation or auspicing body.

I have read the City of Port Phillip Town Hall Hire Subsidy Scheme information 2023-24 and the Conditions of Hire Municipal Halls and understand the information contained within it forms part of the subsidy if this application is successful.

I agree to contact the City of Port Phillip in the event that any information regarding this application changes or is found to be incorrect.

**Declaration of Contact  
Person**

Title

First Name

Last Name

**Do you agree with the  
above statement**

☐ I agree

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The personal information requested on this form is being collected by the council for the Town Hall Subsidy Scheme. The personal information will be used solely by the council for that primary purpose or directly related purposes. If this information is not collected the Town Hall Subsidy application will not be considered eligible, and therefore will not be considered during the assessment process. The applicant understands that the personal information provided is for the verification of Town Hall Subsidy application and correspondance purposes and that he or she may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Information Privacy Officer.

### Feedback

**Please indicate how you found the Subsidy application process? \***

☐ Very Easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very Difficult

**How many minutes in total did it take you to complete this form? \***

Must be a number.

**Please provide us with your suggestions about any improvements and/ or additions to this form or process:**