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 \bigcirc No Have you read and understood the Conditions of Hire & Use Document? * \bigcirc No Are you a not-for-profit incorporated association or similar incorporated legal entity or auspiced by a legal entity. * Yes \bigcirc 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 \bigcirc No If you have previously received funding through City of Port Phillip have you met all acquittal conditions? * \cap No Not applicable O Yes Do you have appropriate insurance for this project? As per the Conditions of Hire & Use document. * Yes \bigcirc 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 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 Has your organisation already received a Town Hall Subsidy for the 2023-2024 financial year? * O Yes \bigcirc 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.

Mandatory Insurance

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

event.	
Do you or the Auspice Organi to the amount of \$20 Million t O Yes	sation (if applicable) have Public liability Insurance to cover the event date? * ○ 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 ○ An Organisation ○ A School Organisation or Group with an Auspice
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

	 □ 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		
Position held within organisation *				
Contact Telephone *	Must be an Australian pho	one number.		
Email Address *	Must be an email address	S.		
Incorporated Organisation	ıs			
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 (G	SST)		
	DGR Endorsed	131)		
	ATO Charity Type	More information		
	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

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 ph	one number.	
Auspice Contact Person Office Email *	Must be an email address	5.	
What is the auspice's Australian Corporation Number (ACN) *	Must be an ACN https://a	br.business.gov.au/	
Auspice ABN *			
	The ABN provided will information. Click Look entered the ABN corre	cup above to check tha	
	Information from the Aus	stralian Business Register	•
	ABN		
	Entity name		
	ABN status		
	Entity type		
	Goods & Services Tax (GST)		
	DGR Endorsed	Mara inform	otion
	ATO Charity Type	More informa	<u>auull</u>

	Tax Concessions
	Main business location
	Must be an ABN.
Council Priorities / Progi	ram 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	O 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 Councideclaring a Climate Emergency in 2019.
Vibrant Port Phillip	O 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	
particularly for marginalised, vuli	ts that increase social connection and participation, nerable and disadvantaged cohorts. Ves that maximise reuse and recycling opportunities and
How will the event align with	the program objective: *

Subsidy Request			
Are you applying for any other of Yes	er City of Port Phi No	. •	event? *
If you answer Yes please des	cribe the grant ap	pplication and stat	us:
Are you applying for a Partial O Partial O Full Subsidy	l or 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 tha		
	details of this year's	ave applied for this ev event are still required vent details to be auto	d as the system does
What type of event are you holding?	FundraiserSchool Event	Stalls MarketExhibition	Dinner DanceWorkshop /Seminar
	Social Support	ReligiousCelebration	Other:
	Concert		
Please describe the running order of your event *			
	Must be no more tha	n 200 words	
Is the event open to Public or Private event only? *	O Public	○ Privat	e
Is your event ticketed? *	○ Yes	○ No	
If Yes, please advise the ticket cost to attendees?	\$ Must be a dollar amo	nunt	

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,

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? *		

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 Requiremen	ts
* indicates a required field	
Food and Alcohol Require	ments
 If you intend to sell alcohol, must obtain an appropriate L and Liquor Regulation and ac 	that apply to your event and provide details. or include the cost of alcohol in the price of the tickets, you iquor Licence from the <u>Victorian Commission for Gambling</u> there to all relevant laws and regulations. nol Certificates must be provided if alcohol is being
Will alcohol be served at the ○ Yes ○ No	event? *
○ Yes ○ No	orovided as part of an inclusive charge? In the Victorian Commission of Gaming and Liquor Regulation is
Will food be served at the even of Yes	ent? *
Who will be providing the foo ○ Registered Caterer	O Brought by host or event guest
Do you intend to serve self ca ○ Yes	atered food? O No
Caterers details	
Name of caterer	
Caterers Contact Person	

First and Last name						
Caterers Email						
Caterers Phone Numb	er					
Do you require use of	the deen fr	ver?				
YesPlease note that you must		○ N		yourse	lf.	
Type of Catering						
	Cocktail sty	rle O P	lated service	е	Other:	
External cooking appliance	s are not perm	itted, please co	ontact Counci	l officer	prior	
Floorplan Requiren	nents					
Room set up:	O E	Banquet Sit De Banquet Sit De			cktail style ear Space	
		icefloor Theatre Style		Oth	ner:	
Please further describ 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 evacual your event do you agroe				ist you	u for annoucem	ent at
Event Requireme	nts					
Event Equipment a	at St Kilda ⁻	Town Hall				
Please mark any of the f	ollowing that	apply to your	event.			
Equipment		Nun	nber			

50 * Banquet Round (1.8m tables)		
500 * Banquet Chairs		
35 * Trestle Tables (1.8m)		
6 * Cocktail Tables (.90)		
St Kilda Town Hall AV Requirements	5	
Do you know your AV requirements? If Yes, ple requirements are due no later than 3 months 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 To	own Hall	
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 bround Audio/ Sound Decorations Lighting Staging Other:	ght in:	
Details of external equipment		

Entertainment

Will you be engaging a band, O Yes	DJ or oth	er entertainmer No	nt for your event	t?
Name of entertainment				
Entertainment Contact Perso	n			
First and Last name				
Entertainment Contact Numb	er			
Entertainment time in and tin	me out?			
Additional Information				
* indicates a required field				
Please enclose the following info	rmation re	lating to your orga	nisation:	
Public Liability Insurance Certificate *	Attach a file:			
	the event	u do not hold curren date you are still rec oility insurance		
Declaration				
I certify that all details supplied in true and correct to the best of music with the full knowledge and agreed organisation or auspicing body.	y knowled	ge, and that the a	oplication has bee	n submitted
I have read the City of Port Phillip the Conditions of Hire Municipal forms part of the subsidy if this a	Halls and ເ	inderstand the info		
I agree to contact the City of Por application changes or is found t			information rega	rding this
Declaration of Contact Person	Title	First Name	Last Name	
Do you agree with the above statement	○ lagree	e		

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 Subidy 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 indi	cate how
you found	the Subsidy
application	process? *

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

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

○ Very Easy	○ Easy	○ Neutral ○ Difficult ○ Very Difficult
Must be a r	number.	