

SPONSORSHIP APPLICATION FORM

SPONSORSHIP PROGRAM



PortAugusta

CITY COUNCIL

Please complete this form in **BLOCK LETTERS** and return to: CENTRAL OVAL
10 Augusta Terrace, PORT AUGUSTA SA 5700
Phone: (08) 8641 5400
Email: centraloval@portaugusta.sa.gov.au

For the eligibility criteria, please read the Sponsorship Policy and Sponsorship Guidelines, available on Council's website.

Part 1 – Contact Details

Name:

Organisation:

Position:

Address:

Phone:

Email:

Part 2 – Organisation Details

Is the organisation a non-for-profit?

Are members of the organisation predominantly residents of Port Augusta?

Do you or the organisation owe an outstanding debt to the Council?

Part 3a Annual Sponsorship (please attach a copy of your most recent financial results)

(For events/project sponsorship please refer to Part 3B)

Current Membership Numbers: (Active)

(Non-Active)

Address/Assessment No. (if land owner)

What benefit is provided to the Port Augusta community by your organisation:

Reasons for sponsorship request (attach additional information if required):

Eg: funds to assist with Council rates/ lease and licence fees, funds to assist with facility upgrades, other financial or in-kind assistance

Part 3b – Event/Project Sponsorship Details

Event name:

Date of event:

Location of the event:

Description of the event:

Reasons for staging the event:

Cost for attendance at event:

If the event is ticketed, are any tickets free or offered at concession rates for community members?

Who is the target audience for the event?

☐ Children 0-12 yrs of age

☐ Youth 12-18 yrs of age

☐ Seniors

☐ Tourists/ Non-Port Augusta residents

☐ General Public

☐ Families

☐ Persons with a disability

☐ Corporate

How many people are expected to attend the event?

Does the event fall into one or more of the following categories?

☐ Business, industry, economic or city aviation

☐ Sporting or healthy lifestyle orientated

☐ Environmental

☐ Cultural, social or that arts

☐ Innovation

What benefits will the event have on the community of Port Augusta?

Will the event provide:

☐ Level access with no steps or barriers

☐ Accessible toilets

☐ Clear, Easy to Read Signage

Is the event accessible to people of all abilities? Explain

Is the event environmentally sustainable and 'single use plastic free'? Explain

Part 4 – Sponsorship Details

Type of Sponsorship:

☐ Cash Sponsorship

☐ In Kind Support

Value of Cash Sponsorship sought: \$

Please itemise in detail how the cash sponsorship will be expended:

In Kind Support sought:

For example - Website Calendar of Events, Event bins, Venue Hire, etc

Please describe:

Term of Sponsorship:

☐ 1 year

☐ 2 years

☐ 3 years

Will the activity be able to proceed without Council support?

Have you or your organisation previously applied for or received funding from the Port Augusta City Council within the financial year?

☐ Yes, please explain

☐ No

Part 5 – Sponsor Benefits

What sponsor benefits are being offered to the Port Augusta City Council in return for the contribution?

- ☐ Port Augusta City Council logo recognition on all project or event promotional material and website
- ☐ Opportunity to display Port Augusta City Council signage at project or event
- ☐ Speech opportunity for Port Augusta City Council Elected Members
- ☐ Opportunity to tag Port Augusta City Council in social media posts
- ☐ Acknowledging Council support in event/project promotion
- ☐ Acknowledging Council as a sponsor on organisation sponsorship board
- ☐ Acknowledging Council as a sponsor in organisational newsletters/social media sites

Please list any additional benefits:

Part 6 – Project Budget (if applicable)			
Estimated Income		Estimated Expenditure	
Entrance/ registration fees	\$	Publicity/ Advertising	
Sale of food/drink	\$	Materials	\$
Sale of other items	\$	Hire of Plant/Equipment	\$
Organisation contribution	\$	Venue Hire	\$
Council Sponsorship	\$	Prizes Offered	\$
Council In-kind Support	\$	Stationary/ Printing	\$
	\$	Materials for resale	\$
	\$	Food/Drinks	\$
	\$		\$
	\$		\$
Total Estimated Income: \$		Total Estimated Expenditure: \$	
Profit/ Loss:			
If a profit will be made, how will the organisation use that money?			
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I hereby acknowledge that the details outlined in this application are subject to Council approval.

I confirm that the information provided is accurate at the time of application.

I agree to my contact email and/or telephone details be provided to the public on enquiries relating to this application only.

I understand that if the Port Augusta City Council approves this application for funding, I will be required to submit an event report and financial statement showing all income and expenditure within 60 days of the event taking place.

I have the relevant authority to act on behalf of the organisation listed in this application.

Name: _____ Signature: _____ Date: _____