#### How to Apply

#### Sports Toursim Program policy

Sports tourism provides a significant boost to the local economy through the visitor economy and aligns with current Clarence Valley tourism strategic plans, such as The <u>Clarence River Way Masterplan(PDF, 5MB)</u> II and the Tourism Dispersal Strategy.

To ensure sports tourism is a continual component of the local economy and society, Council will make provision in its budget each year to provide hosting fees to selected sporting organisations to attract participatory sporting events to the Clarence Valley.

For further information, please refer to the Sports Tourism Program policy.

#### Eligibility

\* indicates a required field

The following section MUST be completed by the Applicant Organisation:

Are you an incorporated legal entity? \*

○ Yes	○ No
Will the event take place in the Clarence ○ Yes	ce Valley? *  O No
Are you able to demonstrate financial v ○ Yes	viability? *  O No
Have you met acquittal conditions for p  ○ Not Applicable ○ Yes	orevious funding? *  O No
<b>Do you have appropriate insurance for</b> ○ Yes	this project? *  O No
Is the event new to the Clarence Valley  ○ Yes	? * ○ No
If the event has been held previously in expand or lengthen it?	n the Clarence Valley, are you planning t
○ Yes	○ No

If you answered no to any of the above Eligibility questions you should not proceed with this application. If you have any questions in regards to this please speak to Council's Events & Promotions Officer on 02 6645 0229.

### **Contact Details** \* indicates a required field **Applicant Organisation Details Applicant Organisation Name \*** Organisation Name Primary (Physical) Address \* Address Suburb State Postcode Postal Address (if different from above) Address Suburb State Postcode **Applicant Website** Contact Person \* First Name Title Last Name Position held in Organisation \* **Primary Phone Number \* Contact Mobile Phone Number** Applicant Admin Contact Primary Email \*

Incorporation or ACN Number *			
<b>Does your Organisation have a</b> O Yes	an ABN? *  O No		
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		

If you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be witheld. Download the form from: <a href="https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346">https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346</a> 5 2012.pdf

Please Upload completed Statement of Supplier Form: Attach a file:
Max 25mb
Auspice Organisation Details
Auspice Organisation Name Organisation Name
Auspice Primary Address

Address

Suburb	State	Postcode	2						
<b>Auspice</b> Address	Postal A	\ddress (	if diff	erent fron	n above)				
Suburb	State	Postcode	j						
<b>Auspice</b> Title	Project First Na		Last N	Name					
Title	T II SC IVG		Lase	varrie					
Auspice	Project	Contact	Positi	ion					
Auspice	Project	Contact	Prima	ry Phone	Number				
A	D!.	C	D	F!!					
Auspice	Project	Contact	Prima	ary Email					
IA or AC	N Numb	er							
<b>Does the Auspice Organisation have an ABN Number?</b> ○ Yes ○ No									
Please attach signed certification letter by Office Bearer of Auspice Organisation Attach a file:									
Auspice	ARN			information	rovided will n. Click Look e ABN corre	cup above		e following at you have	
					from the Au		iness Regist	er	
				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	

#### **Project Details**

\* indicates a required field

	a sponsorship less than the amount you have to proceed with your project? *  No
Event Title *	
Event Start Date *	
Event End Date *	
Event Location / Venue *	
Brief event description. If you provide details here. *	are expanding or lengthening an existing event,
Word count:	
How many competitors do you	anticipate? *
What percentage of competito	ors are visitors to the Clarence Valley? *

What are you basing the com	petitor and visitor number	rs on? *
What is the accompanying pa	ertner rate? *	
What is the anticipated avera area? *	age number of nights each	competitor will stay in the
Demonstrated capacity to su	ccessfully undertake the p	roject *
Word count:		
Is your event part of a series organising body?	or dependent on a decisio	n from a regional
Does the Clarence Valley hav	e all the required facilities	to host the event?
Sponsorship Request		
Total Amount Requested	\$	
Total Project Cost	\$	
Feedback, Review and S	Submit	
* indicates a required field		
Certification		
This MUST be completed by the a	applicant organisation.	
I certify that to the best of my kn true and correct, and I understan I will be required to accept the te letter of approval.	nd that if Clarence Valley Cour	ncil approves the sponsorship,
We agree *	○ Yes	○ No

Certification must be agreed to by two representatives of the Applicant Organisation 1. Name (Chair or Title First Name Last Name President) \* Position \* 2. Name (Secretary or Title First Name Last Name Treasurer) \* Position \* Date \* **Privacy Notice** In compliance with the Information Privacy Act 2009 (the Act) personal information on this form may be stored in Clarence Valley Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Clarence Valley Council's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law. You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback. We would value any feedback you may have regarding our online sponsorship application process. Please indicate how you found the online application process: ○ Easy Neither Difficult Very difficult Very easy Please provide us with any improvements and/or additions to the application process/form that you think we need to consider: