

Sports Tourism Event Sponsorship Application

Form Preview

How to Apply

Sports Tourism 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 [Clarence River Way Masterplan\(PDF, 5MB\)](#) 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 Valley? *

☐ Yes ☐ No

Are you able to demonstrate financial viability? *

☐ Yes ☐ No

Have you met acquittal conditions for previous funding? *

☐ Not Applicable ☐ Yes ☐ No

Do you have appropriate insurance for this project? *

☐ Yes ☐ No

Is the event new to the Clarence Valley? *

☐ Yes ☐ No

If the event has been held previously in the Clarence Valley, are you planning to expand or lengthen it?

☐ 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.

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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 *

Title First Name Last Name

Position held in Organisation *

Primary Phone Number *

Contact Mobile Phone Number

Applicant Admin Contact Primary Email *

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Incorporation or ACN Number *

Does your Organisation have an ABN? *

☐ Yes ☐ 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 withheld. Download the form from: https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346_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

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Suburb State Postcode

Auspice Postal Address (if different from above)

Address

Suburb State Postcode

Auspice Project Contact

Title First Name Last Name

Auspice Project Contact Position

Auspice Project Contact Primary Phone Number

Auspice Project Contact Primary Email

IA or ACN Number

Does the Auspice Organisation have an ABN Number?

☐ Yes ☐ No

Please attach signed certification letter by Office Bearer of Auspice Organisation

Attach a file:

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

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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

If your organisation is offered a sponsorship less than the amount you have requested, would you be able to proceed with your project? *

☐ Yes ☐ No

Event Title *

Event Start Date *

Event End Date *

Event Location / Venue *

Brief event description. If you are expanding or lengthening an existing event, provide details here. *

Word count:

How many competitors do you anticipate? *

What percentage of competitors are visitors to the Clarence Valley? *

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What are you basing the competitor and visitor numbers on? *

What is the accompanying partner rate? *

What is the anticipated average number of nights each competitor will stay in the area? *

Demonstrated capacity to successfully undertake the project *

Word count:

Is your event part of a series or dependent on a decision from a regional organising body?

Does the Clarence Valley have all the required facilities to host the event?

Sponsorship Request

Total Amount Requested

Total Project Cost

Feedback, Review and Submit

*** indicates a required field**

Certification

This MUST be completed by the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if Clarence Valley Council approves the sponsorship, I will be required to accept the terms and conditions of the sponsorship as outlined in the letter of approval.

We agree *

☐ Yes

☐ No

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Certification must be agreed to by two representatives of the Applicant Organisation

1. Name (Chair or President) *

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

Position *

2. Name (Secretary or Treasurer) *

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

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:

☐ Very easy ☐ Easy ☐ Neither ☐ Difficult ☐ Very difficult

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider: