

CULTURAL EVENT SPONSORSHIP FUND APPLICATION FORM

The information provided by you on this form will be used by Fairfield City Council to process your application. The provision of this information is voluntary, however, if you do not provide the information, Council may not be able to fully process your application. Once collected by Council, the information can be accessed by you in accordance with Council's Information Management Policy and Privacy Management Plan.

1. Contact Details

Organisation:		
Contact First Name:	Contact Surname:	
Address:		
Telephone (W):	(M):	
Email:		
Details of whom the cheque is to be made out to:		
Name:		
Mailing Address:		
2. Event Details		
2.1. What is the name of your event?		
2.2. What is the purpose of your event?		
2.3. Where will the event be held?		



2.4. How many people are expected to attend the event?

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Select the most appropriate:			
Up to 2,000			
2,000-5,000			
5,000-10,000			
10,000 +			
2.5. When will the event occur?			
2.6. Is this the first year the event has occurred? If not, which year is it?			
2.7. Who is the intended audience for this event?			
Eg. attract Fairfield residents from a variety of cultural backgrounds (social inclusion)			
3. Eligibility			
3.1. What is your organisation's connection to the Fairfield Local Community?			
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3.4. Have you previously been successful in gaining funding from Council for this event? If yes, please provide the following information:

Name of Fund or Grant	Amount of support	Year provided
	\$	
	\$	

4. Supporting Doc	cumentation
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governance@fairfieldcity.nsw.gov.au

4. Supporting Document	tation	
Please provide any further in	formation that would support you	r application including:
 □ Evidence of event plannin □ 2 References from relevathe Fairfield local community □ Public Liability Insurance 	int organisations/individuals show	ring how this event will assist
5. Applicant Acknowledge	gement	
•	ement of a successful application vent outcomes at the end of the 1	•
•	esentative of the organisation versentation of this funding.	will be required to attend a
	sponsorship is Terminated as ouve will be required to reimburse ent funds allocated.	
We have read and understooutlined in Clause 5.	ood my responsibilities in accept	ing monies from Council as
All information contained in t	his application is true and accurat	e.
Applicant's Name	Applicant's Signature	Date
6. Lodgement		
Mail or email your application	n to:	
Fairfield City Council Manager Governance and Le PO Box 21 Fairfield NSW 1860	egal	