

TOURISM DEVELOPMENT PROGRAM APPLICATION FORM

REMINDER

- Funding must be matched by the applicant (financial or in-kind)
- Applicants are restricted to 2 submissions per financial year.
- Funding must be spent within 12 months of approval.
- Funding Amounts
 - o \$1,000 individual applications
 - \$2,000 joint applications (two or more applicants) or incorporated associations which represent a town/village or industry
- Please see Program Guidelines for detailed criteria

ORGANISATION DETAILS

Name of Organisation:	
Legal status (e.g. Sole Operator, Partnership, Company, Incorporated Association.	
Applicant ABN:	
Postal Address:	
Contact Person	Name:
	Position:
	Telephone:
	Mobile:
	Email:

APPLICATION DETAILS \square A - Event \square B - Marketing Project \square C - Tourism Product Application Type A - EVENT APPLICATIONS Name of event: Proposed date of event: Location of event (if on council land/premise please ensure you have booked the space with Council): Expected number of attendees Maximum number of attendees Funding amount requested: \$ **B&C-MARKETING PROJECT/TOURISM PRODUCT APPLICATIONS** Name of Project: \$ Funding amount requested **APPLICATION** 1. Please provide an outline of the project/event and what the funding requested will contributing towards (500 words max):

2. Please outline how the event/project will attract visitation from specific target demographic groups that align with target markets outlined in the Orange Region Destination Management plan and increase expentiture in the region (500 words max):				
3. Is the project/event also funded through the Council's Financial Assistance Program?	□Yes □No			
4. EVENTS APPLICATIONS ONLY: How does the event fit within the broader region events calendar and what are the plans / goals for future events?				
5. If the funding application is unsuccessful how will this change the event? For example event will be cancelled, ticket price will increase, entertainment will be cancelled, promotion budget will decrease.				

PROJECT BUDGET

Please use GST exclusive figures if you are registered for GST. You may submit your budget as a separate attachment if you prefer.

Income (Including business contribution)	Value (\$)				
,					
Funding Requested (must be matched by income + in-kind support)					
A) Total Income					
			T	ı	
In-Kind Support		Qty	Hours	Rate	Value (\$)
B) Total In-Kind					
Expenditure	Value	Value (\$)			

Total Income (A) + Total In-kind (B) must be equal to or be greater than the Total Expenditure (C)

C) Total Expenditure

DECLARATION:

- 1. I certify to the best of my knowledge that the statements made in this application are true.
- 2. I understand that should this application be approved by Blayney Shire Council, I may be required to submit any requested plans or reports.
- 3. I declare that the Organisation will provide all required paperwork, including product disclosure insurance documents confirming Public Liability (to a minimum of \$20 million).

Signature
Name
Position
Date
Submit application via council@blaynev.nsw.gov.au