



## George Town Council Area EVENT APPLICATION FORM

Applicant Organisation Name George Town Hospital & Community Centre	
A.B.N (If applicable)	
Address 47 Anne St	
Contact Name (Event Coordinator) Karyn Parker	
Contact numbers (A) 03 638/03620 or (B) 0438132264	
Name of Event Recycled & Restored (Tamar Valley Hospital Ball)	
Proposed Location of Event - Memorial Hall	
Dates/Daily Schedules for events 25/10/2014	
Brief Description of Event - A joint fundraiser that occurs bi annually between George Town Hospital & Beaconsfield District Hospital to support hospital auxiliaries of both sites in providing equipment to those facilities	
How many people will attend the event? Approx. 150 - 200	Will the event patrons be <input checked="" type="checkbox"/> Older Adults <input type="checkbox"/> Younger Adults (18-30) <input type="checkbox"/> Children <input type="checkbox"/> Families
Will vehicles be involved? Eg. support vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>Yes</b> , how many?	Will road closures be required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will alcohol be a) available for sale; <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b) available for consumption (either BYO or provided by event organisers) <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food be sold at the event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Finger food will be catered
Will there be music and/or entertainment? Yes	Will there be temporary structures (marquees, tents, etc.) in use? no
Applicant name Karyn Parker	Position Director of Nursing
Signature (printed form only)	Date 3/6/14

You may complete this form online and return to [info@georgetown.tas.gov.au](mailto:info@georgetown.tas.gov.au) or print, complete and return to George Town Council, PO Box 161, George Town, Tas, 7253

**Please note:**

Additional information regarding your event can be attached on another sheet of paper.

Events held on council property can not proceed without a certificate of currency for Public Liability Insurance.

**Schedule 1**

George Town Council

**Community Grants Application Form**

Dated:



**SECTION A: TO BE COMPLETED BY ALL APPLICANTS**

**APPLICANT DETAILS**

Name of Organisation/Group GEORGE TOWN HOSPITAL & Community Centre  
Street Address 47 ANNE ST  
Postal Address P.O BOX 310  
Suburb GEORGE TOWN Postcode FB53

**Contact Details**

Contact Person KARLYN PARKER  
Telephone After Hours \_\_\_\_\_ Mobile 0438132264  
Email \_\_\_\_\_

**What is your legal status as an organisation? (please select one)**

- Company Limited
- Incorporated Association
- Statutory Body
- Unincorporated Group
- Are you / your organisation registered for GST?
- ABN Supplied \_\_\_\_\_

If you are not registered for GST you may need to complete a 'Statement by Supplier' form. We will contact you if a statement is required.

Please select the category of Community Grant for which you are applying, and complete the appropriate Section of the form:

Council Service Fees and Charges Assistance

Please go to SETION B

Project

Please go to SECTION C

Cultural Activity

Please go to SECTION C

Event

Please go to SECTION D *and* complete a George Town Council Event Application Form (available on Council's website and at Council offices)

## SECTION D: EVENT ASSISTANCE

NOTE: A completed Event Application Form MUST accompany this application

Event Title

Recycled + Restored (Tamar Valley Hospitals B&W)

Dates to be conducted

25/10/14

Location

Memorial Hall

Does your Event:

- Align with or support Council's Strategic goals
- Respond to demonstrated needs and concerns of the community
- Demonstrate wide community support
- Support and enhance the cultural life of George Town
- Enhance the Image of the town as a vibrant place to live and visit
- Enhance community life by providing opportunities for participants to build relationships and networks

Total Budget for Event

£ 3250

Description of Assistance sought from Council

Contribution to costs associated with venue & Entertainment (Band)

Total Amount of Grant Request

\$ 1,000

Other Funding:

Please detail other funding, support or sponsorship you have sought, or will seek for this project. Please indicate the source, the amount and if this support is confirmed.

Agency / Organisation / Other LIONS CLUB, LOCAL BUSINESS  
 Assistance Requested IN Kind for RAFFLES, BAR ETC.  
 Assistance confirmed  Yes  
 No  
 Pending

Agency / Organisation / Other CTMP, TIMBERLINE, GODFREY WATSON <sup>ENGINEERING</sup>  
 Assistance Requested SPONSORSHIP - RAFFLES (TRAVEL VOUCHERS)  
 Assistance confirmed  Yes  
 No  
 Pending

Please detail the nature and level of in-kind support your community group is contributing to this project.

Lions club will provide & manage bar - with liquor sourced from RSCA.  
 Port Dalrymple VET program - students will cater as part of their curriculum - supervised by Daniel Mober.  
 Staff at GTH + BDHS will co-ordinate, organise, advertising, sales, entertainment. all all fundraising documents & clean up of event venue.

Are there any other comments you wish to make to support this application?

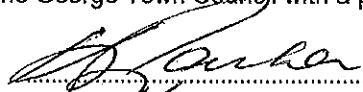
This is a bi annual event conducted jointly with G.T Hospital & Beaufield hospital to support our hospital auxiliaries in providing equipment for the hospitals.

## Declaration

This declaration must be signed by a person authorised to sign on behalf of your organisation

- I certify to the best of my knowledge that the information given on this form is complete and accurate.
- I agree to ensure all necessary approvals / permits are objected prior to the Project | Activity taking place.
- I will provide appropriate insurance to cover the proposed project and abide by all relevant health and safety standards.
- I understand that George Town Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant to provide the appropriate insurance cover.
- I agree that if funded, funds will be used only for the project described in this application.
- I agree that if the Project | Activity is cancelled, that all monies provided for in this grant will be reimbursed to Council.
- I will provide the George Town Council with a post evaluation of the Project | Activity.

Signature

  
.....  
KAREN PARKER

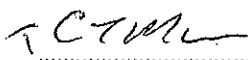
Date

3/6/14

Print Name

Position in Organisation

Witness Signature

  
.....  
CIARAN MARRON

Date

3/6/14

Witness Name

## Application Check List

Prior to submitting your Event Grant Application, please ensure you have checked all the following:

- You have read the eligibility criteria and guidelines
- Your application has been submitted at least one month prior to the event being held
- You have completed Sections A and D of the form
- You have signed and dated the application
- You have provided a completed event application and copies of any supporting materials (please do not send originals)

For further information on administrative issues and assistance to complete the application form, please contact:

George Town Council Community Events Officer  
(03) 6382 8800  
[council@georgetown.tas.gov.au](mailto:council@georgetown.tas.gov.au)