

Application Form Event Support Program 2026/27

Form Preview

Eligibility

* indicates a required field

Before you start

Before completing this application form, please ensure you have read the [Event Support Program Criteria](#).

Vibrant community events play a vital role in social connections, increasing visitations and economic development. Through the annual Event Support Program, Mount Barker District Council provides assistance to community groups to deliver regional and local community events within the district. This grant round will offer regional events up to \$10,000 and local community events up to \$6,000 in financial support. In addition to the financial request, applicants are encouraged to forecast the in-kind support that will be requested from Council (i.e. event equipment, traffic signage, grounds preparation).

If you have any questions in regards to Smartygrants or this application form, contact Council's Community Grants Officer, Alyssa Hill on ahill@mountbarker.sa.gov.au / 8393 6426 If you have questions about event design, event management and other event queries, contact Council's Events Team on events@mountbarker.sa.gov.au / 8391 7238

Confirmation of Eligibility

I confirm that ...

- the Event Support Program criteria has been read and understood.
- the event/activity is located within the Mount Barker District Council area.
- the event/activity provides social and economic benefit to local business or community
- the event/activity is congruent to Council's [Community Plan](#)
- the applicant has no outstanding reports or money owing to Mount Barker District Council as a result of previous support.
- the applicant has no outstanding money owing from previous run events in the District.
- the applicant can provide a certificate of currency for \$20million Public Liability insurance.
- my event meets legal requirements set by State and Federal legislation.

I understand that ...

- The Mount Barker District Council's decision regarding event funding is final.
- Applicants who meet eligibility and assessment requirements are not guaranteed funding.

I have read and comply with the conditions above: *

Yes No

You must confirm that all statements above are true and correct.

Confirmation of Obligations

If successful, I confirm that the group will;

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- endeavour to meet the **Conditions of Funding**.
- claim the grant in the financial year that it is allocated.
- complete the requirements of running events to the satisfaction of Council
- provide to Council all requested supporting documentation before and after the event.

I have read and agree to meet the above obligations of funding: *

Yes No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. View our [Privacy Statement](#).

Applicant Details

Applicant Organisation Name: *

Organisation Name

Please use your organisation's full name as it appears on the official registration documentation i.e. ABR, ACNC, ATO. (If being auspiced, do not list the auspicing organisation here)

Organisation postal address *

Address

If the organisation address is outside the Council area, please use the Council's address: 6 Dutton Road, Mount Barker SA 5251.

Organisation social media page

Must be a URL.

Please provide a link to the organisation's primary social media account.

Organisation website

Must be a URL.

If active, please provide a link to your organisation's website.

If your organisation has a general email address, please list it below:

Must be an email address.

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This email will be a secondary email if the primary contact is not contactable. If there is no general email, then please leave blank.

Which Council Ward is your Event located in?

- NORTH WARD (Blakiston, Brukunga, Callington west, Dawesley, Harrogate, Hay Valley south, Kanmantoo, Littlehampton, Mt Barker Junction, Mount Torrens south, Nairne, Totness.)
- CENTRAL WARD (Mt Barker north, east and south, Mt Barker Springs, Mount Barker Summit, Petwood, St Ives, Wistow.)
- SOUTH WARD (Biggs Flat, Bradbury east, Bridgewater south, Bugle Ranges, Bull Creek north, Chapel Hill, Dorset Vale east, Echunga, Flaxley, Green Hills Range, Hahndorf, Jupiter Creek, Kangarilla east, Macclesfield, Meadows, Mt Barker west, Mylor east, Paechtown, Paris Creek north, Prospect Hill north, Verdun south.)

Primary Contact Details

Who will be the primary contact for this application: *

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

This is the person we will correspond with about this application and grant obligations.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary contact phone number *

Must be an Australian phone number.
e.g. 08 8391 7200 or 0408 123 456

Primary contact email address *

This is the address we will use to correspond with you about this grant. Ensure that this email address is monitored if you are on leave.

Organisation Details

* indicates a required field

Briefly outline the organisation's demonstrated experience or understanding of operating an event. *

Word count:

Must be no more than 140 words.

Does your organisation have an ABN? *

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Yes

No

Applicant 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	

Is your group registered for GST?

Yes

No

Are you being auspiced by another organisation for the purpose of the grant? *

Yes

No

If you do not have an ABN and are NOT being auspiced by another organisation for the purpose of this grant, please submit a completed ATO Statement by a Supplier Form with your application. [Download the form from the ATO.](#)

Please upload completed Statement by Supplier form:

Attach a file:

Auspice Information

* indicates a required field

Auspice Organisation Details

Name of auspicing organisation *

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Auspicing organisation's website

Must be a URL.

Auspice Address

Address

Auspicing Organisation's primary contact name *

First Name

Last Name

Position held in organisation

Phone Number *

Must be an Australian phone number.
e.g. 08 8391 7200 or 0400 123 456

Email *

Must be an email address.

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current

Attach a file:

Does the auspicing organisation have an ABN? *

Yes

No

ABN of auspicing organisation

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)

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

If the auspicing organisation does not have an ABN, please submit a completed ATO Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. [Download the form from the ATO.](#)

Please upload a completed Statement by Supplier form

Attach a file:

Event Summary

* indicates a required field

What Funding Stream are you applying for?

Event name: *

Please provide a name for your event/activity.

Is this a new or existing event? *

New

Existing

Please provide a concise description of your event. *

Word count:

Must be no more than 200 words.

Tip: How would you describe your event to someone new to the region?

What type of event is this:

Small Community event (Attendees are local. Our financial request is \$2,500 or less)

Large Community Event (\$6000 or less)

Regional Event/ Tourism Attraction (up to \$10,000)

Other:

Please indicate what outcomes your event will meet: (select all that apply)

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- address an identified gap
- promote inclusivity and accessibility
- achieve broad community benefit
- target priority populations within the community
- encourage community participation
- family friendly
- free or low cost attendance
- obtained funding from other sources
- sustainable practices
- fundraise
- tourism attraction

Event date *

Must be a date.

Event end date (if more than one day)

Must be a date.

Event start time *

Event finish time *

Location of event *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

How many attendees are you expecting? *

Must be a number.

Is there a cost associated with attendance at your event? *

Yes

No

If yes, please specify \$ amount

Event Design

* indicates a required field

Audience and Partnerships

How will the event build partnerships and relationships? Provide specific examples of working in partnership with local community groups, businesses, volunteer organisations, schools etc *

Word count:

Must be no more than 100 words.

For example: using local butchers to supply meat, only allowing local traders/food vendors at the event, engaging local service club at the event

Who is your target audience? What sectors of the community will benefit from your event? Provide specific examples such as families, children, seniors, volunteers, people with disability. Let us know if you anticipate these people will come from within the Council area, neighbouring Councils, all over SA, or from across Australia. *

Word count:

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Must be no more than 100 words.

Upload letters of support (if applicable)

It is favourable for regional event category applications to have letters of support, confirmation or similar.

Attach a file:

Attach a file:

Attach a file:

Promotion

Briefly outline how you will promote your event? How do you plan to give public recognition of Council's support (if successful)? *

Word count:

Must be no more than 120 words.

Outline your broad plan for marketing your event.

Would you like your event promoted on Council's social media platforms, website and newsletters? *

- Yes
 No

Regional Events

You will need to supply a Marketing Plan below.

Your marketing plan should outline objectives that align with local tourism strategies, including increasing visitation and overnight stays in the Mount Barker District and stimulating the local economy through hospitality, retail, and accommodation.

It should also detail how the event will enhance regional brand awareness through targeted event marketing and foster collaboration with tourism operators to extend visitor stay and spending.

Please upload your Marketing plan *

Attach a file:

Council financial contribution

Is your event able to proceed without a financial contribution from Council? *

Financial

What funding sources does your event have? Select all that apply. *

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- no other sources of income
- budget allocation from our organisation
- seed funding from our previous events
- donations
- stall holders
- commission
- other grants/sponsorships
- Other:

- entry fee/admission ticket

At least 1 choice must be selected.

Tip: Seed Funding is an allocation from the previous year's event to assist the cash flow of the next event.

Should your event make a profit, what do you intend to invest in? *

- donate to charity
- our organisation (operations and overheads)
- town development activities
- invest into next year's event
- Other:

At least 1 choice must be selected.

Upload a draft budget to support your application. If relevant, attach other financial documents such as quotes, sponsorship prospectus. *

Attach a file:

Attach a file:

Total event income

\$

Must be a dollar amount.

Total event expenditure

\$

Must be a dollar amount.

Planned Profit/Loss

\$

This number/amount is calculated.
Planned profit/loss = total income
- total expenditure

Identified Risks

Do you anticipate any risks or negative impacts on the community that will need to be managed? please tick all that apply

- no risks or negative impacts identified at this time
- increased road traffic in the event proximity or town
- road closure inconvenience to local residents
- increased foot traffic in the event locality
- noise management during set up/down or during the event
- lighting spilling to residential areas
- event litter remaining in a public space
- increased pressure on town resources due to increased visitation to the town (i.e. street rubbish bins)
- poor behaviour by event attendees leave a bad reputation on the town or Council
- Other:

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Please note: all the above risks can be successfully managed in an event plan. Answers to this question communicate that you are aware of potential risks associated with your event. There are no wrong answers.

Please upload any preliminary risk management documents you have, if applicable.

Attach a file:

Event Support Request

* indicates a required field

Are you seeking cash sponsorship? *

- Yes No

What amount of cash is being requested from Council? *

\$

Must be a dollar amount.

Are you requesting the financial contribution? *

- after the event as a reimbursement (preferred option)
 before the event (by ticking this box you commit to refunding Council should this event not proceed in accordance to this grant application)

Do you require Traffic Management? *

- Yes No

Road closures/speed restrictions. PLEASE NOTE: Event Organisers are responsible for engaging Traffic Management providers directly.

Are you seeking in-kind support i.e. borrowing of event infrastructure? *

- Yes
 No

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation for example the chair person, treasurer, or manager. This person may or may not be the contact person listed earlier in this application form.

As an authorised person of the applicant organisation:

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- I certify that to the best of my knowledge the statements made within this application are true and correct and;
- I understand that if this application is successful, the applicant will be required to accept and carry out the conditions of funding.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer.

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Date of Agreement *

Please select today's date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

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