

Small Town Festive Event Grant Application 2026

Form Preview

Contact Details

* indicates a required field

Confirmation of eligibility

Please note that this funding is only available for Festive Events held in eligible Small Towns with a population size of less than 10,000 people.

You must confirm your eligibility to apply to this program, prior to submitting your application.

You can do this by contacting the program coordinator, details below:

Sharlene Putman Team Leader - Major Events Phone: 0419 155 929 Email: sharlene.putman@shepparton.vic.gov.au

Name of person spoken with from Council about this application *

**Name of Small Town/
District where the
Festive Event will be
held ***

**Applicant Organisation
Name ***

Organisation Name

The applicant must be an organisation to be eligible

Project Contact *

Title	First Name	Last Name
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**Position within
organisation ***

**Organisation Postal
Address ***

Address

Suburb	State	Postcode
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Must be an Australian post code

**Organisation Phone
Number (if applicable)**

Must be an Australian phone number

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Mobile Phone Number *

Must be an Australian phone number

Organisation Email *

Must be an email address

About Your Organisation

What does your organisation do? *

Word count:

Must be no more than 300 words.

Briefly describe the purpose of your organisation and what they do.

Does your organisation have Public Liability Insurance to cover the event (min \$20M) *

- ☐ Yes - Please attach current policy to this application
☐ No - Please contact Council

Is your organisation a Community Asset Committee on behalf of Council? *

- ☐ Yes
☐ No

If your organisation is a Community Asset Committee please fill in Council's details below

Is your not for profit organisation legally incorporated? *

- ☐ Yes
☐ No

If your organisation is not incorporated you will need an auspice

Incorporated Organisations

*** indicates a required field**

Organisation Details

Incorporation number

Does your organisation have an ABN? *

- ☐ Yes
☐ No

If you don't have an ABN please contact Council.

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.

ABN

Entity Name

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ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location
Must be an ABN

Non Incorporated Organisations

Auspice Details

If your organisation is not incorporated you need to seek an incorporated not for profit community organisation to auspice the project on your behalf.

Auspice organisation name

Organisation Name

Auspice Organisation's 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.

ABN
Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location
Must be an ABN

Auspice Address

Address

Suburb State Postcode

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Must be an Australian post code

Auspice Phone Number

Must be an Australian phone number

Auspice Email

Must be an email address

About Your Festive Event

* indicates a required field

When will the Festive Event be held? *

Must be a date and between 21/11/2026 and 31/12/2026.

Name of Festive Event *

Please state what type of event you are proposing.

- ☐ Community Carols by Candlelight
☐ Festive community gathering
Please

Please provide a description of your proposed Small Town Festive Event *

Word count:

Must be at least 30 words.

Please provide a description of what your festive event will include and where it will be held. How will you celebrate the festive season?

Are there any local talent(s) or activations included in the Event? (Artistic, entertainers, kids activations and/or cultural activities) *

Word count:

Must be at least 30 words.

Do you have any performers at your event?

How will you ensure that this event includes the whole community and fosters community pride and inclusion?

Word count:

Must be at least 50 words.

How will you include the community and ensure inclusiveness and participation? Is the event accessible for all? Have you considered parking, accessibility, inclusive language, involving different communities etc

How do you plan to advertise and promote your Festive Event? *

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Word count:

Must be at least 30 words.

How and where will you promote your event i.e. social media, flyers, websites, newsletters, newspapers.

What considerations have been made to make the event environmentally friendly and sustainable? *

Word count:

Must be at least 30 words.

Eg recycling of waste, limit the amount of waste, no single use plastics utilised such as balloons, plastic cutlery etc.

Event Size

How many people do you expect will attend the Festive Event this year? *

Must be a number.

Local residents, plus extended community members and visitors to the region.

If the event has been held before, how many people have been in attendance in the previous year/s?

Must be a number.

Budget

* indicates a required field

Goods and Services Tax (GST)

Is your organisation registered for GST? *

- ☐ Yes
☐ No

The **maximum** grant amount that can be requested from Council for this program is **\$3,500** for a Community Carols by Candlelight event and up to \$1,250 for a Festive Community Gathering.

- List all the costs of delivering the Festive Event under **expenditure**.
- List all sources of **income** that will be used to deliver the Festive Event under **income**.
- Don't forget to include the **grant amount** you are asking for from Council.

Income and Expenditure must be an equal amount.

You must provide valid quotations as attachments to your application if any one item is \$1,000 or over within expenditure budget.

All \$ amounts should be listed GST exclusive .

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Income (Including the Council Grant)

Expenditure (Cost) \$

Council Grant requested	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

In kind (if applicable)

An in-kind contribution something that would normally be paid for but is given to the event at no cost.

Please include details of any contributions to the event that are being received in-kind.

If you have volunteers working on the event you can include their contribution valued at:

- \$25 per hour for unskilled labor
- \$40 per hour qualified trades person
- \$65 per hour machinery hire including driver

Please also consider the time you have taken to plan this event, this grant application, completion of booking forms, risk assessments etc

In-kind Item

\$ In-kind Amount / Value

	Must be a dollar amount.

Total In-Kind Amount

Total In-Kind Amount

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This number/amount is calculated.

Attachments

* indicates a required field

Please attach quotations, liability insurance, event plans, letters of support etc. in this section. Please ensure your files are pdf. format before attaching.

If you have any trouble uploading you can also email required documents to maxima.larosa@shepparton.vic.gov.au

Quotes

Attach a file:

Public Liability Insurance *

Attach a file:

Other Documents as relevant

Attach a file:

Declaration and Privacy Statement

* indicates a required field

Privacy Statement

Greater Shepparton City Council manages your personal information in accordance with its Privacy Policy and the Privacy and Data Protection Act 2014 (Vic). Your personal information is collected to communicate with you regarding your grant application. It is disclosed to council officers for review of your application and may be disclosed to other areas of Council to administer your grant application. If you do not provide the requested information we may be unable to process your application and keep you informed of the outcome of the application. Council may also use your personal information to contact you regarding future grant rounds. To opt out of future notification, gain access to or update your personal information please contact Council's Grants Coordinator on (03) 5832 9872.

Declaration

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation.

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I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact the Greater Shepparton City Council immediately if any information provided in this application changes or is incorrect.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge. I also agree to provide final acquittal reports as required.

Name *

Title	First Name	Last Name

Position *

Date *

Must be a date