**Event Proposal Template**

A full event proposal is required for applications over $5000 (total funding including cash and/or in kind) to Council's Local Events and Sponsorship or Major Events and Sponsorship Programs. Please use *either* this template or submit your own Event Proposal. (An appropriate level of detail is expected to reflect the value of the Grant requested).

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| Name of the Event |  |
| Description of the event*Cultural festival, sports day, art show, launch of new program* |
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| Time/s |  | Location/s |  |
| Event Coordinator |  |
| Contact Numbers | Business Hrs |  | Mobile |  |
| Contact Person during the Event |  |
| Contact Numbers | BusinessHrs |  | Mobile |  |
| Event Overview - *What**What is the event and why are you holding it? What is the history and possible future of the event?**Is there a message, what are you trying to communicate with your audience and how are you going to do that?* |
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| Event Program |
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| Stakeholders/ Target Audience - *Who**Who is the target audience and whatis their need for the event?* |
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| What community involvement is there in the event? |
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| What Community or Business partners do you have for this event? What are they contributing to the event? |
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| Objectives - *Why**What outcomes do you hope to achieve with this event?* |
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| Marketing and Promotional Plan*How do you intend to promote your event?* |
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| Resources/Equipment*What resources (labour, plant and equipment, entertainment etc) will be required for the event?* |
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| Risk Assessment*What are identified as possible risks and what strategies will you have in place to minimise them? Example risk chart and assessment sheet provided.* |
| Impact | Likelihood |
| Rating | A(frequent) | B(probable) | C(occasional) | D(remote) | E (improbable) |
| A(catastrophic) |  |  |  |  |  |
| B(critical) |  |  |  |  |  |
| C(marginal) |  |  |  |  |  |
| D(negligible) |  |  |  |  |  |
| *Measures of impact*A (catastrophic): Death - severe injury (eg loss or crushed limbs, brain damage) B (critical): Major Injuries - require medical assistance (inc. Concussions)C (marginal): Minor Injuries - cuts, treated internally (incl. Minor sprains) D (negligible): No Injury*Measures of lik elihood*A (frequent): Will occur regularly - day to dayB (probable): Will occur on most occasions, circumstances C (occasional): Will occur from time to timeD (remote): May occur but not regularly or oftenE (improbable): Unlikely to ever occur |

Risk assessment sheet

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| What potential Risks have you identified | Problems Detected? | Likelihood | Impact | Risk Rating | Who will fix the problem?Who will sign off on completion? |
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| Site and Venue Assessment |
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| Finance - Budget |
| INCOME |
| Items | Proposed total | Proposed total (Inc GST) |
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|  |  |  |
| Applicant Contribution |  |  |
| Other Income |  |  |
| Council Grant |  |  |
| EXPENSES |
| Items | Proposed total | Proposed total (Inc GST) |
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| TOTALS |  |  |
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| Evaluation Criteria which will be used to assess the success of the event*What were our aims/objectives?**Did we achieve what we set out to do? Did it come in on budget?**What were the intended/unintended outcomes? How do we measure effectiveness?**What tools do we use to measure our success?* |
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