Sports Event Partnership Fund

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* indicates a required field

Sports Event Partnership Fund 2023-2024

The Sports Event Partnership Fund (SEPF or "The Fund") is a fund administered by Sport Manawatu on behalf of the Palmerston North City Council.

The purpose of the SEPF is to support operational costs for sports events hosted in Palmerston North.

The SEPF Committee will ensure that grant applications are for sporting or active recreation events.

Grant applications will be assessed against four main priorities that will influence the funding decision:

- To attract and retain events that drive a significant economic impact to the region (i.e., events that attract 200+ visitors to the region who stay at least one night).
- To attract and retain national secondary school events to the region.
- To attract events that are of significant national and/or international importance, and positively profile the region
- To support events that enhance community spirit, with a further focus on new events and events that have the potential for growth. The event must be available to large parts of the community and in some way encourage people to get more active, more often.

Funding Exclusions

Predominantly the fund is used to cover:

- Facility costs
- Venue hire
- Administration costs
- First aid costs
- Officials, referees, score bench, and umpire costs

The following items will not be funded:

- Grants to non-affiliated social sports clubs or teams, including those playing in corporate leagues
- Trade tournaments or sporting events staged primarily for commercial publicity and/or the benefit of a select industry group
- Affiliation fees, individual or team memberships, and subscriptions
- Dress uniforms, footwear, training uniforms, personal gear bags, and souvenir t-shirts
- Laundry costs, commercial gym fees, and major medical costs
- Prizes, including medals, trophies or cash prizes
- Grants to any sports facility run for commercial profit, such as 10 pin bowling centres, billiard parlours, 'country clubs' for golf, or clubs with closed memberships
- Trips for supporters and spectators, or after-match functions
- Privately owned organisations or ventures for personal gain
- Events that are principally social in nature (e.g. after-match functions, parties, and balls)

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- Provision and maintenance of facilities set up to provide social activities
- The purchase of alcohol, drinks, food, and refreshments

Applicant Information

This section includes information about the person and the organisation applying to the Fund.

used to look up the following information.

Organisation NZ Charity Registration Number (CRN)	
The Charity Registration Number provided will be used to local Click Lookup above to check that you have entered the Charcorrectly.	
New Zealand Charities Register Information	

Charity Registration

Organisation * Organisation Name

Number

Organisation Name

Other Names

Status

Street Address

Postal Address

Telephone

Fax

Email

Website

Date Registered

Must be formatted correctly.

Organisation NZBN

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status

Entity Type
Registered Address
Office Address
Must be formatted correctly.
Organisation Primary Address * Address
Address Line 1 and State/Province are required.
Organisation Primary Bank Account * Account Name
Account Number
Account Number
Must be a valid New Zealand bank account format.
Organisation GST number
Organisation Legal status *
Charity, Incorporated Society, Limited Liability Company, etc. Note: Sole traders and individuals are not eligible to apply.
Applicant *
Title First Name Last Name
Applicant Mobile Phone Number *
Must be a New Zealand phone number.
Applicant Primary Email *
Must be an email address.
Applicant Position in organisation *
Event Details
Event Name *

Organisation Name
Brief Description of the Event *
Provide a short description (100 words recommended) of your project - what are you out to do?
Start Date *
Must be a date.
End Date *
Must be a date.
Event location *
In what venue will the event be delivered?
Event Description: What is your event about, how are you planning to deliver it what populations will you cater for, etc. *
Give us an in depth description of the event. Include event's history, plans for the future. If applying for multiple events, please state the name of each event and its dates.
What is the objective of the event? *
Who will help you deliver the event and how? *
List the people and/or organisations who will help you with the event and describe their role.
How does the event fit with the purpose of the fund? *

How will the event impact	on the local code/club? *	
How will the event contrib	ute to growth in participation	on? *
How do you intend to gain	media coverage for the eve	ent? *
State your marketing plan		
How do you plan to measu	re the success of the event	*
Participation		
Where are your participants of	oming from?	
Include people who may trave = From outside the region. Pe	ion (Palmerston North, Manawa el from within the region, but do cople who must stay overnight.I articipate/spectate/accompany,	on't stay overnight). DOMESTIC I NTERNATIONAL = People
Please write 0 (zero) in the sp	ace provided if the question do	es not apply to your event.
LOCAL Participants, Managers, Coaches, Referees (LOCAL) *	DOMESTIC Participants, Managers, Coaches, Referees (DOMESTIC) *	INTERNATIONAL Participants, Managers, Coaches, Referees (INTERNATIONAL) *
Must be a number.	Must be a number. Enter 0 if none	Must be a number. (enter 0 if none)
Accompanying People (LOCAL) *	Accompanying People (DOMESTIC) *	Accompanying People (INTERNATIONAL) *
Must be a number. (Parents/Partners/Families of LOCAL participants) Spectators (LOCAL) *	Must be a number. (Parents/Partners/Family of DOMESTIC participants)	Must be a number. (Parents/Partners/Family of INTERNATIONAL Participants)
	Spectators (DOMESTIC Day Visitors) *	Spectators (INTERNATIONAL Overnight) *

Must be a number.

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Must be a number. (People who attend the event as spectators but DO NOT stay overnight, e.g. day visitors) Must be a number. People who attend the event as INTERNATIONAL spectators AND stay overnight)

Spectators (DOMESTIC Overnight stay) *

Must be a number.
(People who attend as Spectators
AND STAY OVERNIGHT)

Financial Considerations

Amount requested from the Sports Event Partnership Fund: *

\$

Must be a dollar amount.

If you are seeking multi-year funding, please enter the total amount here. Multi-year funding can be considered for a maximum of three years, and it is up to the Panel's discretion to award it.

Amount Requested Year 1

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

Amount Requested Year 2

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

Amount Requested Year 3

\$

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

Have you previously applied to the SEPF? *

- Yes
- O No

If you answered 'Yes' to the question above, please list the events and dates for when you received funding from the SEPF *

If you answered "No" to the question above, then please enter "N/A", or Does Not Apply.

Have you applied for funding to any other funders (including PNCC) to support this event? *

- O Yes
- O No

If you answered 'Yes' to the question above, please detail who did you apply to, how much money for, and whether you were successful or not. *

If you answered "N	o" to the question	above, then please enter [DNA, or Does Not Apply.
,	-	•	
What is your or	ganisation's b	ank account name? *	
What is your or	rapisation's h	ank account number?	*
Wilde is your or	yanısacıon s	alik account namber.	
Please attach y	our latest ban	k statement *	
Attach a file:			
Must clearly show t	the name and num	nber stated in your answers	above.
		atest financial statem	ents (financial accounts and
balance sheet)	*		
Attach a file:			
From your organisa	ation's most recen	t financial year	
	_	_	
	e quotes for g	oods/services you are	requesting support with.
Attach a file:			
If you need to subr	nit more quotes, p	lease do so via email to <u>vic</u>	torr@sportmanawatu.org.nz
Budget Temp	olate		
Use the template	below to include	e ALL sources of revenue	e and ALL expenditures forecasted
		ch your own template.	·
Note: Your ann	lication will no	t he processed if it do	es not include a complete,
valid and well-			es not include a complete,
		.90	
Income	\$	Expenditu	re \$
	\$	•	 \$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	l¢		L+

Budget Totals

Total Income Amount

Total Expenditure Amount

Income - Expenditure

\$	\$		\$
This number/amount is calculated.	This number/am calculated.	nount is	This number/amount is calculated.
If there is a difference between the total cos and the amount you are requesting, how do you intend to cover the shortfall? *	it		
Please note any budget assumptions *			
Alternative Budget			
Attach your budget here if not	using the tem	plate on the pre	vious section.
Attach your budget Attach a file:			
PNCC Policies			
The Sports Event Partnership	Fund is a PNCC	fund administer	red by Sport Manawatū.
PNCC has policies to make fur	nded events Saf	e and healthy fo	or our communities.
Please review the following po	licies and ensu	re your event co	omplies where relevant:
Healthy Beverage Policy (click Policy (click here to read the State (click here to read the Smoke)	Sun protection F	<u>Policy)</u> Smoke fre	
I have reviewed the policie	s above and a	agree to imple	ment them at my event
Conditions			
Is any individual involved i or has any individual been operation of the event? * • Yes • No			ent under investigation for, at has a bearing on the

Is there any actual, potential, or perceived conflict of interest that the applicant or any of the key personnel have in relation to this application? This includes, for

example, any contractors that are family members or business partners that will be receiving funding. * O Yes O No
Have you (or your organisation) satisfactorily completed reporting requirements for any previous funding received? O Yes O No
Please elaborate if you answered Yes to either of the questions above. *
If you didn't answer yes, then write DNA or Does Not Apply
Acceptance of Conditions
I confirm that I am authorised to submit this application on behalf of the organisation, and that our directors, trustees, and/or treasurer support this submission * $\hfill \bigcirc$
I acknowledge that Sport Manawatu has the right to audit the information provided in this application and the use of any funds granted. I will provide full cooperation in the event of such an audit being undertaken. *
I confirm the applicant organisation is compliant and will continue to comply with all applicable laws, regulations, rules, and professional codes of conduct or practice including (but not limited to) health and safety, child protection, and employment practices. *
I confirm that the information in this application is correct, and that any amount we receive as a result of this application will be used solely for the purposes specified in this application *
I confirm that I will submit a final report (template supplied by Sport Manawatu within two weeks of the completion of my event. *
I will abide by the terms stipulated in this application and (if my application is successful) by the terms in the Investment agreement between my organisation and Sport Manawatu *