

Shell's QGC Community Event Support Program 2027 - Application Form

Form Preview

Organisation Details

* indicates a required field

Organisation name: *

Organisation Name

Street address: *

Address

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

Postal address: *

Address

Primary contact person: *

Title

First Name

Last Name

Representative of the organisation who will be the primary contact for this application.

Position: *

Phone number: *

Must be an Australian phone number.

Mobile number:

Must be an Australian phone number.

Email: *

Must be an email address.

Additional representative who can be contacted for this application: *

Title

First Name

Last Name

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Nominate an additional representative from the organisation who can be contacted regarding the application if required e.g. Secretary, Treasurer etc

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Are you Incorporated? *

- ☐ Yes
☐ No

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	

Must be an ABN.

Are you registered for GST: *

- ☐ Yes
☐ No

Bank account details: *

Account Name

BSB Number

Account Number

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Must be a valid Australian bank account format.

Attach Certificate of Incorporation:

Attach a file:

Sponsor Organisation if Unincorporated

If unincorporated, Sponsor Organisation name:

Organisation Name

Not required if your organisation is a Government body or P&C

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.

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

Must be an ABN.

Sponsor Organisation address:

Address

only required if unincorporated

Sponsor Contact details:

Title First Name Last Name

only required if unincorporated

Sponsor phone number:

Must be an Australian phone number.

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only required if unincorporated

About your Organisation

Provide a brief overview of your organisation, including the main purpose of your organisation: *

List board/committee members and senior staff of your organisation: *

Include Name and Position,

Please list any government officials (or their family members) who are on your board. Please see Guidelines for more information on government officials:

Name and Government Position.

Will there be any benefit to any government official as a result of this funding? *

- ☐ Yes
☐ No

If yes, please explain:

Applicant

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Applicant Position

Applicant Primary Address

Address

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Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email

Must be an email address.

Applicant Mobile Phone Number

Must be an Australian phone number.

Event Details

* indicates a required field

Event information

Event name: *

Focus of event: *

- ☐ Sport and Recreation
- ☐ Education
- ☐ Arts and Culture
- ☐ Industry
- ☐ Entertainment
- ☐ Other

Select all that are applicable.

Event Start Date: *

Must be a date.

Event End Date: *

Must be a date.

Location of the event: *

Address

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

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Briefly describe your event: *

Provide a description of the event including the event type and purpose e.g. annual community show promoting and showcasing local food, art, agriculture etc.

Who attends your event? *

- ☐ Local community
- ☐ Our event is known for attracting visitors to the region
- ☐ Targeted audience relevant to the type of event

Select all that are applicable.

How many people are expected to attend your event? *

- ☐ 0-50
- ☐ 50-500
- ☐ 500-1000
- ☐ 1000+

Event funding

Requested Shell QGC funding: *

\$

Must be a whole dollar amount (no cents).
Amount must be \$1,000 or above.

Please attach relevant supporting documentation including vendor quotes for amount requested:

Attach a file:

Quotes must be on vendor letterhead with their ABN number.

What will Shell's QGC funds be used for? *

- ☐ Materials for use at the event
- ☐ Logistics management
- ☐ Advertising costs
- ☐ Promotion and marketing costs
- ☐ Engaging entertainment including speakers, performers etc.
- ☐ Holding workshops at the event
- ☐ Brand awareness at the event
- ☐ Programs run within schools
- ☐ Other

If 'other' please provide details:

If your application is successful, how do you intend to acknowledge Shell's QGC business? *

e.g. Newsletter, Media Release, Social Media etc.

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Please provide information about other funding required for this event and where will you be sourcing these funds from:

If applicable, please include details of secured and unsecured funding (e.g. other grant applications).

Indicative budget breakdown

Please provide a breakdown of how Shell's QGC funding will be allocated: e.g. \$1,500 Venue Hire, \$500 Printing etc.

The total costs must equate to the amount requested above.

Goods and services	\$ Indicative cost
	Must be a dollar amount.
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Community Benefit

* indicates a required field

How will the event contribute to and / or benefit the local community? *

e.g. The event will bring people together and enhance community cohesion; the event will promote or celebrate a community organisation or initiative; the event will support the economy by attracting visitors from outside the region etc.

How will you manage potential risks that could prevent your event from proceeding (e.g. Covid restrictions, weather, funding etc)? *

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Include information on potentials risks (e.g. Covid restrictions, funding, weather events etc) and how they will be managed to maintain event viability.

Applicant Declaration

* indicates a required field

I have read and accept the requirements outlined in Shell's QGC Community Event Support guidelines: *

☐ Yes

I declare the organisation is financially viable and able to manage the event: *

☐ Yes

I understand this application does not create a legal or binding commitment, arrangement or understanding between Shell's QGC business and the applicant organisation. Any such commitment, arrangement or understanding will be the subject of further negotiation and documentation: *

☐ Yes

I understand and accept that organisations successful in their application for funding may be required to participate in a range of promotional and project profiling activities: *

☐ Yes

I am authorised to submit this application on behalf of organisation: *

☐ Yes

I hereby declare that all information I have provided on this application form is true and correct to the best of my knowledge, and I accept that the information provided will be stored by Shell's QGC business:

☐ Yes

Authorised organisation representative's details:

Title First Name Last Name

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Position:

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Attach supporting documentation

Supporting documentation

Attach a file:

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Please attach any supporting documentation including letters of support.

