



DRAKENSTEIN

MUNISIPALITEIT • MUNICIPALITY • UMASIPALA

Paarl | Wellington | Gouda | Saron | Simondium

EVENT SUPPORT APPLICATION FORM

A city of excellence

www.drakenstein.gov.za

Please complete ALL sections.

SECTION ONE: Organisation Details

1.	EVENT / FESTIVAL TITLE	

2.	ORGANISATION DELIVERING THE PROJECT	
	Name:	Physical Address:
	E-mail Address:	Postal Address:
	Description of your organizations Purpose/Activities:	

3.	CONTACT PERSON 1	CONTACT PERSON 2
	Name:	Name:
	Telephone:	Telephone:
	Mobile / Cellno:	Mobile / Cellno:
	E-mail:	E-mail:
	In what capacity do you serve?	In what capacity do you serve?
	Is this a fulltime or part time function / position?	Is this a fulltime or part time function / position?

BUSINESS INFORMATION	
4.	Entity's Registration Number: Tax Registration Number:
	Is this a new or existing event? <input type="checkbox"/> New <input type="checkbox"/> Existing
	If existing, how long?
	Please indicate the appropriate event segment/s <input type="checkbox"/> Sport <input type="checkbox"/> Cultural <input type="checkbox"/> Business <input type="checkbox"/> Music
	Please indicate the type of event in terms of Event Categorization schedule (See website for Categorization definitions) <input type="checkbox"/> Jewel <input type="checkbox"/> Iconic <input type="checkbox"/> Incubator <input type="checkbox"/> Leverage <input type="checkbox"/> Community <input type="checkbox"/> Inaugural

SECTION TWO: Grant Details

5.	Please indicate the nature of support required:
	<input type="checkbox"/> Non-Financial (e.g. letters of support, attendance at events) <input type="checkbox"/> Financial (including requests for municipal services) <input type="checkbox"/> Both financial and non-financial

6.	Have you applied for funding to the Cape Winelands District Municipality or Western Cape Government for this event / festival?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please indicate the name of the Grant Program and the name of the project:			
	Name of Program	Name of Project	Date of Application	Amount Applied For

PREVIOUS GRANTS		
7.	Have you applied for funding from one of Drakenstein Municipality's Programs in the previous three years (either successfully or unsuccessfully)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8.	If yes, please indicate the name of the Grant Program and the name of the project:			
	Name of Program	Name of Project	Date of Application	Amount Received
	Have you completed and submitted closeout reports for each of these events?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION THREE: Event Summary

If you require extra space, please attach your responses to the following questions on a separate page.

8.	EVENT / FESTIVAL OVERVIEW (Provide a short paragraph of the festival, outlining its primary aims)

9.	KEY DATES (List all major project phases with accompanying dates, including commencement of planning)	
	Phase	Date
	1. Commencement of Planning	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	

10. PARTICIPANT DETAILS	
Estimated number of people involved in creating event/festival (including committee, artists and volunteers)	
Estimated number of Visitors to Drakenstein	
Cape Town	
Provincial	
National	
International	
Does the event have any media partners? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify whether community, national or international TV _____ Print _____ Radio _____ New Media _____	
Please provide details of your media plan:	

11. VENUE INFORMATION	
Name of Venue/Location for the Event / Festival (if applicable)	
Have you obtained any necessary permits/approval from the Committee or Management and/or owners of the property? (this includes Council-owned buildings and land).	<input type="checkbox"/> Yes (attach relevant approval documents) <input type="checkbox"/> No
If the Festival or Event is to be conducted at an outdoor site, do you have a Solid Waste Management Plan.	<input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No
Have you applied for an Event Permit and SAPS rating?	<input type="checkbox"/> Yes – please provide date of application <input type="checkbox"/> No

EVENT / FESTIVAL MANAGEMENT STRUCTURE

12.

Please list key people involved and management structure of event / festival.

SECTION FOUR: Events support criteria

If you require extra space, please attach your responses to the following questions on a separate page.

13.

Describe the cultural and artistic opportunities provided by the festival/event.
Include information about any involvement of local artists.

14.

Explain how the festival/event directly benefits the residents of Drakenstein. Please list the number of temporary job opportunities the festival/ event will create?

15.

Provide information to show community support for the project. Describe the community consultation process. (Please attach letters of support, if any).

16.

Outline the marketing and promotion strategy of the festival/event.

17.

Describe how other organizations contribute to the project through voluntary or in-kind services.

18.

Detail any previous festival/event that your organization has successfully delivered.

SECTION FIVE: Support required from Drakenstein Municipality

19.

ROAD CLOSURES

Date(s)	Name of Street	Time

20.	SOLID WASTE MANAGEMENT SERVICES		
	Date(s)	Venue	Time

21.	ELECTRICITY
	Type of support required:

22.	VENUES (which Council owned venues will be required for the event)			
	Date(s)	Name of Venue	What Purpose	Time

23.	TRAFFIC & LAW ENFORCEMENT	
	What type of support will be required:	

24.	FIRE & EMERGENCY SERVICES	
	Have you developed a disaster management plan	<input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No
	What type of assistance will be required	

SECTION SIX: Project Budget

25.	Please provide all the details of your budget in the tables below (please attach an extra page if you require more space).
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INCOME		EXPENDITURE			Mark (X) all expenditure to be offset by Comm. Festivals Grant **
Earned Income	anticipated	confirmed	Activities/Content (itemise) i.e. Fees, materials etc		
Donations	R	R		R	
Sponsorship	R	R		R	
Entry Fees	R	R		R	

Other	R	R			
Contribution by Organisation			Administration Costs (itemise)		
Cash	R	R		R	
In-kind	R	R		R	
Other	R	R		R	
Contribution by Community			Marketing & Promotion (itemise)		
Community Fundraiser	R	R		R	
In-kind Support	R	R		R	
Other	R	R		R	
Grants			Venue/Site (itemise)		
Drakenstein Event / Festival Grant	R			R	
	R	R			
	R	R			
			Production & Equipment (itemise)		
				R	
Other Income					
	R	R		R	
	R	R		R	
	R	R			
			Other Expenditure (itemise)		
				R	
				R	
Total Anticipated Income	R				
Total Confirmed Income		R			
TOTAL INCOME *	R		TOTAL EXPENDITURE	R	

* Total Income figure must match Total Expenditure figure

* Failure to indicate how Council funds will be expended (right-hand column) will incur scoring penalties

SECTION SEVEN: Funding Agreement & Application Authorisation

APPLICATION FORM AUTHORISATION

26.	This section should be signed by the person completing the Application Form	
	1. I confirm, on behalf of the applicant organization, that any funds provided by Drakenstein Municipality will be expended: <ul style="list-style-type: none"> ▪ In accordance with Drakenstein 's Financial Support for Events Policy of 2017. ▪ Within the Drakenstein Municipal boundaries ▪ As outlined in this application 	
	2. I confirm that all details supplied in this application and attachments are true and correct to the best of my knowledge and that the application form has been submitted with the full knowledge and agreement of the applicant organization.	
	3. Signed for and on behalf of (insert name of Organisation Undertaking Project)	
	4. Name of Person completing application	
	5. Position in Organisation	
SIGNATURE		

For Official Use

1. Does this proposal contribute to achieving Drakenstein objectives?

Yes

No

2. Event Support Recommendation by Events Committee

Recommended

Not Recommended

3. Comments
