Contact Details

* indicates a required field

Name of Group/	Organisation Name					
Organisation *						
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 <u>More information</u>					
	ACNC Registration					
	Tax Concessions					
	Main business location					
	Must be an ABN.					
Applicant Postal Address	Address					
Applicant i ostal Address	Address					
Website						
	must be a valid URL					
	must be a valid offe					
Contact Name *	Title First Name Last Name					
Position *						
Position						
Contact Email *						
Contact Linan						

Mobile Phone Number *						
Work Phone Number	Must be a valid Australian number including area code					
Does your group hold public liability insurance coverage to the value of \$20 million? *	☐ Yes☐ No Proof of adequate coverage will need to be provided before the event is held.					
Application Summary						
* indicates a required field						
Name of Event *						
Event Type *	 □ Event of more than 1,000 people □ Market □ Road Closure □ Closure of Yarra Boulevard □ Other: Choose most relevant option - you can choose more than one.					
Event Start Date:	Must be a date and between 1/7/2025 and 30/6/2026.					
Event End Date: *	Must be a date and between 1/7/2025 and 30/6/2026.					
Event Start Time:						
Event Finish Time:						
Bump In (Set Up) Start Date:	Must be a date. Must not be longer than two weeks in duration					
Bump Out (Pack Down) End Date:	Must be a date. Must not be longer than two weeks in duration					
Event Frequency *	□ One-off Event□ Multiple days					

	 □ Weekly □ Fortnightly □ Monthly □ Other (please outline in notes)
Is this date or time/s flexible? *	○ Yes○ No
What is the significance behind this date (if any)?	Word count: Must be no more than 300 words.
Event Location *	
If unsuccessful for your first location, date or time preference, what other locations/dates/	
times would be suitable?	
How many people do you expect to attend? *	Must be a number
Please attach a site map showing the location of your event *	Attach a file:
	Please upload no more than 5MB per attachment
Activity Details	
* indicates a required field	
Information about your organisation: *	
	Describe your organisation. This can include the purpose of the organisation, the years it has been operating, the management and governance structure (including number of paid staff and volunteers), the processes and procedures you have in place (e.g. financial, OHS, environmental etc.), the staff and board membership.
Event Proposal: *	

Describe what is it that you want to do and why? Include information about the people who will be involved, their experience, the processes to be used and how the activity connects to and benefits Yarra. Address EIPS assessment criteria in your response where appropriate.

Prior Event Experience: *	Describe organisation's experience in developing and presenting similar activities in the past.
Environmental Considerat	ions
action on climate change and a plan to assist event organise exploring incentives to change Please advise how you plan or	blic Spaces Policy has a strong commitment to a circular economy. We are currently developing ers to plan and develop more sustainable events, e event practice to achieve sustainability objectives n creating a sustainable event. Please be aware the Victoria Government commenced in February 2023.
How you plan to manage wast	e at your event? *
	e event practices you plan to implement, how you will dispose of ny considerations you will make to protect flora, fauna and the
Additional Details	
Supporting Information: Attach a file:	
Multiple documents can be uploaded attachment	using this question, please upload no more than 5MB per

Declaration

Before submitting this Expression of Interest Application, please ensure that you have clearly understood each question and that the information you have provided is accurate and current.

By submitting this document you are acknowledging that:

- This document is not an undertaking or contractual offer by the City of Yarra.
- The City of Yarra reserves the right to accept or reject any Expression of Interest at its discretion.

I understand that copies of all material provided will be retained by Council as required by the Public Records Act 1973.

Name	Title	First Name	Last Name	
Name of Group/ Organisation	Organisat	ion Name		
Position				