Your De	etaiis			
* indicates	a required	field		
Contact	Details			
Applicant ○ Individu Organisati	al	○ Organisa	tion	
Title	First Name	Last N	lame	
Primary <i>A</i>	Applicant F	ull Name:		
(If a more leader				
(ir applying	as an Organis	sation)		
Phone Nu	ımber *			
Primary E	mail: *			
Must be an	email address	5.		
Event D	etails			
Your role	in connect	ion with tl	ne event:	
		_		
eg Event ov	vner, event de	elivery agend	У	
Event Na	me: *			
Venue/loc	cation:			
Proposed	event star	t date:		
i ioposeu	event stal	t uate.		
Must be a d	ate.			
Proposed	event end	date:		
_				
Must be a d	ate.			

Duration of event:
(eg 3 days)
Is this event exclusive to Horowhenua? * ☐ Yes ☐ No No more than 1 choice may be selected.
If no, where else is the event be held:
Provide a brief outline of the event: *
Word count: Must be no more than 500 characters.
Is your event open to the public to attend? * ☐ Yes ☐ No No more than 1 choice may be selected.
Is your event held within the Horowhenua District Council boundaries?
Horowhenua District Council Boundaries
☐ Yes ☐ No No more than 1 choice may be selected.
Is your event accessibility friendly? * □ Yes □ No
No more than 1 choice may be selected.
Who do you expect your primary audience to be?
eg Families, young people, sports fans
How many people do you expect will attend your event in total? ○ 1 - 999 ○ 1,000 - 1,999 ○ 2,000 - 2,999 ○ 3,000+
How many of these attendees do you expect will be Horowhenua residents (percentage)?

	ere do you expect the remainder of the attendees to come from? Manawatū-Whanganui Region Wellington Region Auckland Region Waikato Region Bay of Plenty Region Gisborne Region Hawke's Bay Region Taranaki Region South Island International
	at media attention do you anticipate this event to attract? Local media attention Regional media attention National media attention International media attention
	es your event directly align with a particular sector? Yes No
	k all the sectors your event aligns with: Sporting Agriculture Arts and culture Food and beverage Music Education Health Business Adventure or nature Other:
Ex	plain briefly how your event aligns to these sectors:
Wo	rd count:
Е١	ent Financial Information
* ir	dicates a required field

Event Budget

What is the total budget required to deliver your event in Horowhenua: *

Total funding requested from the Horowh	nenua Major Events Fund: *
Have you confirmed at least 30% of costs ☐ Yes ☐ No	for your event? *
Where do you expect to obtain the remai ☐ Commercial partnerships ☐ Central Government ☐ Ticket Sales ☐ Other (Please specify below)	ning funding required for delivery? *
Please specify: *	
Please provide a breakdown of estir Venue, Equipment Hire, Staff / Personnel, Ente Expenditure	
Expenditure	P
Budget Totals	
Total Expenditure Amount	
This number/amount is calculated.	
Estimated Income	
Income	\$

ncome Totals
otal Income Amount
his number/amount is calculated.
erms and Conditions
indicates a required field
lorowhenua Major Events Fund Criteria
lorowhenua Major Events Fund Criteria
Ill events wishing to receive financial support from the Horowhenua Major Events und must meet the following requirements. Please tick the boxes to confirm our event meets these requirements. * 1 Visitation: For Major Event Tier One funding, your event must attract 2000+ attendees nd/or be a multi-day event OR to qualify for Strategic Growth Event Tier Two funding, your vent must attract 1000+ attendees - predominantly of interest to specific sectors/industry. 2 Alignment: Aligns with the Horowhenua District Council Long Term Plan and Community butcomes. 3 Financial: To qualify for Major Event Tier One funding, your event must generate a return reater than 3:1 on Council's investment OR to qualify for Strategic Growth Event Tier Two unding, your event must provide measurable benefit to the Horowhenua economy and a liable business plan that shows clear objectives and actions to show how the event can row and become a major event. 1 Least 3 choices must be selected. 1 Vhich funding level category does your event align with: * 2 Strategic Growth Fund 3 Major Events Fund 2 Now does your event align with the Criteria outlined for the Strategic Growth or Horowhenua Major Events Fund?
f you are successful in receiving Strategic Growth event funding, please detail what your plan is to develop the event into a Major Event in Horowhenua that neets the objectives of the fund.

Is there anything else you would like us to know about the event? Please use this space below.
By submitting this form, you are agreeing to have your details stored by Horowhenua District Council for further correspondence in regard to the funding application. By submitting this form you are also agreeing to the Terms and Conditions of the Major Events Fund.
Horowhenua Major Events Fund Terms and Conditions
I have read the Major Events Fund Terms and Conditions * ○ Yes
Signature *
By typing your full name in the signature field, you confirm that you are the person completing the form and that you accept the information provided as accurate and true.
Date: *
Must be a date