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	Y	
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)?

	Anawatū-Whanganui Region Wellington Region Auckland Region Waikato Region Bay of Plenty Region Gisborne Region Hawke's Bay Region Faranaki Region Fouth Island International Scher:
	at media attention do you anticipate this event to attract? Local media attention Regional media attention National media attention International media attention
	all the sectors your event aligns with: Sporting Agriculture Arts and culture Food and beverage Music Education Health Business Adventure or nature Ether:
Ex	ain briefly how your event aligns to these sectors:
Wo	d count:
Е١	ent Financial Information
* ir	icates 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	\$

Income Totals		
Total Income Amount		
This number/amount is calculated.		
Terms and Conditions		
* indicates a required field		
Horowhenua Major Events Fund	d Criteria	
Horowhenua Major Events Fund Criteria		
All events wishing to receive financia Fund must meet the following requi your event meets these requiremen Visitation: For Major Event Tier One found/or be a multi-day event OR to qualify event must attract 1000+ attendees - production of the Alignment: Aligns with the Horowher Outcomes. Financial: To qualify for Major Event of greater than 3:1 on Council's investment funding, your event must provide measure viable business plan that shows clear obgrow and become a major event. At least 3 choices must be selected. Which funding level category does your event Fund Major Events Fund How does your event align with the Horowhenua Major Events Fund?	rements. Please ti ts. * unding, your event now y for Strategic Growth redominantly of interious District Council Land Tier One funding, you to OR to qualify for Strable benefit to the jectives and actions	must attract 2000+ attendees th Event Tier Two funding, your rest to specific sectors/industry. ong Term Plan and Community ur event must generate a return rategic Growth Event Tier Two Horowhenua economy and a to show how the event can ith: *
If you are successful in receiving Student your plan is to develop the even meets 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