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|  | **Tourism, Events and economic development****Events**  |
|  | **Yolande Quinton** |
|  | Events Support |
|  | **T**: 021 417 4928 **E**: events.applications@capetown.gov.za |

**APPLICATION FOR EVENTS SUPPORT**

*Please note that all fields with an asterix \* are compulsory*

|  |
| --- |
| 1. PLEASE PROVIDE US WITH YOUR COMPANY INFORMATION :
 |
| \*Company Name : |   |
| \*Address : |   |
| \*Contact Details :  |   |
| \*Board Members : |   |
| \*Profit or Not for Profit Company : |   |
| \*Beneficiaries : |   |
| \*Event Organisers Name : |   |
| 1. \*NAME OF EVENT :
 |   |
| 1. \*EVENT VENUE (full Address) :
 |   |
|   |
| 1. \*DATE OF EVENT :
 |  | ALTERNATIVE DATES : |    |
|  |  |
| 1. \*NATURE OF CITY SUPPORT REQUESTED :
 |
| [ ]  | Non-Financial (e.g. Letters of support, Attendances at Events) |
| [ ]  | Financial (including requests for sponsorship of City Services) |
| [ ]  | Both Financial and Non - Financial |
|  |  |
| 1. \*PLEASE SPECIFY THE NATURE OF THE CITY SUPPORT REQUESTED?

***NB: Financial request must be in Rand Value.*** |
|   |
|   |
|   |
|   |
| 1. \*HAVE YOU APPLIED FOR AN EVENT PERMIT AND A SAPS RISK RATING?
 |
| [ ]  Yes | [ ]  No | If yes, provide date of application : |   |
| 1. IS THIS A NEW EVENT OR AN EXISTING EVENT? *(Please tick the box)*
 |
| [ ]  New | [ ]  Existing, If existing, how long? |   |
|  |  |  |
| 1. \*PLEASE INDICATE THE APPROPRIATE EVENT SEGMENT/S : *(Please tick the box)*
 |
| [ ]  Sports | [ ]  Cultural | [ ]  Business | [ ]  Music |  |
| 1. \*PROVIDE A BRIEF DESCRIPTION OF THE EVENT :
 |
|   |
|   |
|   |
|   |
|  |
| 1. TELL US MORE ABOUT THE EVENT :
 |
| * 1. \*Description & number of Participants :
 |   |
|   |
| * 1. \*Description and number of Supporters/Spectators :
 |   |
|   |
| * 1. \*Where do the participants and supporters come from and how many are expected?
 |
| [ ]  Cape Town | [ ]  National | [ ]  Continental | [ ]  International |
| No. | No. | No. | No. |
|  |  |  |  |  |  |  |  |  |
| * 1. \*Does the Event have any media partners? Y/N
 |  |  |  |  |
| * 1. If yes, please specify whether community, national or international
 |  |  |
| Television : |  |  |
| Radio : |  |  |
| Print : |  |  |
| New Media : |  |  |
| * 1. \*Please provide details of your media plan?
 |
|  |
|  |
|  |
|  |
| * 1. \*Tell us about the event financial model :
 |  |  |  |  |  |
| Ticket/Entry value : |  |
| Sponsorships value : |  |
| Value in Kind : |  |
| Hospitality value : |  |
| Merchandise sales value : |  |
| Other : |  |
| Event Budget : |  |
| * 1. Please advise how the City of Cape Town can achieve its objectives by supporting your event :
 |
| **1. ECONOMIC** | **YES** | **NO** |
| * 1. Tourism spend
 |  |  |
| * 1. Tourism volume
 |  |  |
| * 1. Responsible Tourism and Sustainable living
 |  |  |
| * 1. Income generating opportunities: ticket sales, trading
 |  |  |
| * 1. Employment creation opportunities
 |  |  |
| * 1. Preference to local goods and services
 |  |  |
| **2. MARKETING AND MEDIA** | **YES** | **NO** |
| * 1. City image compatibility and positioning
 |  |  |
| * 1. Marketing and Promotional opportunities for the City of Cape Town
 |  |  |
| * 1. Media coverage of event
 |  |  |
| * 1. Media coverage of destination
 |  |  |
| * 1. Media channels
 |  |  |
| 1. **DEVELOPMENT OPPORTUNITIES**
 | **YES** | **NO** |
| * 1. Sports, Business or Arts & Culture development programs
 |  |  |
| * 1. New event growth opportunities
 |  |  |
| * 1. Training opportunities
 |  |  |
| 1. **INCLUSIVITY**
 | **YES** | **NO** |
| * 1. Impact for disruptions on residents, business (positive/negative)
 |  |  |
| * 1. Attendance accessibility (cost, distance, etc.)
 |  |  |
| * 1. Special needs accessibility
 |  |  |
| * 1. Event appeal and attractiveness
 |  |  |
| * 1. Post-event benefits
 |  |  |
| 1. **EVENT GREENING**
 | **YES** | **NO** |
| * 1. Event Greening plan
 |  |  |
| * 1. Green team established with high level support
 |  |  |
| * 1. Eco procurement principles implemented
 |  |  |
| * 1. Request environmental policy from accommodation establishment and / or venue
 |  |  |
| * 1. Waste avoidance during procurement
 |  |  |
| * 1. Waste minimization plan
 |  |  |
| * 1. Water conservation strategy
 |  |  |
| * 1. Energy efficiency strategy
 |  |  |
| 1. **EVENTS CALENDAR**
 | **YES** | **NO** |
| * 1. Seasonability (May – October)
 |  |  |
| * 1. Reasonable Timing of event ( e.g. ends by 23h00)
 |  |  |
| * 1. Geographical / spatial spread (beyond the City centre & Green point precinct)
 |  |  |
| * 1. Length / duration
 |  |  |
| * 1. Frequency (annual, once-off, etc.)
 |  |  |
| 1. **POST EVENT FEEDBACK**
 | **YES** | **NO** |
| * 1. Monitoring and Evaluation
 |  |  |
| 1. **PROVIDE FINANCIAL STATEMENTS OF YOUR REGISTERED COMPANY**
 | **YES** | NO |
| 8.1 Statement attached |  |  |

* 1. Please submit supporting documentation for the items marked **YES** above.

Email your application to **events.applications@capetown.gov.za**

**For Office Use**

1. Does this proposal contribute to achieving City of Cape Town objectives?

[ ]  Yes [ ]  No

1. Event Support Recommendation

[ ]  Recommended [ ]  Not Recommended

Comments :

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