

24/25 SEP EOI Application Form

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Eligibility

* indicates a required field

Eligibility Questions

To check if you are eligible to apply for this grant round, complete the questions below:

What are you applying as? *

- Local Government Authority located in NSW
- Other

Does your Council have an existing endorsed resolution or mandate to establish the SEP/s, including clear identification of a specific location, map or boundary of the SEP/s? *

- Yes
- No

Please refer to [Appendix A of the Grant Guidelines](#) for specific details on the required wording of the resolution or mandate.

You are required to provide evidence of this resolution or mandate for each SEP you are applying for by providing a copy of minutes from the Council meeting.

Upload a copy of the minutes from the Council meeting: *

Attach a file:

A maximum of 1 file may be attached.

Word or PDF document only. If you are applying for multiple SEPs and have multiple Council meetings relating to the resolution or mandate of them please combine these into one document.

Does your SEP/s align with at least one of the following? (Select all that apply) *

- An adopted Night-Time Economy Strategy
- Another adopted strategic council document or strategic planning statement in which the night-time economy is identified as a priority, pillar or key action
- A Council resolution to prepare a night-time economy strategy and have other demonstrated strategic context including a visitor economy strategy/plan or economic development strategy/plan
- None of the above

Please refer to [Appendix B of the Grant Guidelines](#) for further details on the requirements for this question.

You are required to provide evidence to demonstrate the SEP/s align with at least one of the above.Please upload:

- A copy of the relevant strategy, and/or
- The Council resolution and complementary visitor economy strategy/plan or economic development strategy/plan

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Upload evidence here: *

Attach a file:

A maximum of 4 files may be attached.
Word or PDF documents only.

Unable to continue

Based on your response to the above Eligibility question, you are unable to continue and apply. Refer to the [grant guidelines](#) for more details.

The Department of Creative Industries, Tourism, Hospitality and Sport (DCITHS) staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via emailing contact@24houreconomy.nsw.gov.au.

Eligibility Confirmation

Please declare that this application meets the eligibility criteria:

I confirm that I have read the guidelines and that the information supporting our Council's eligibility is accurate. *

Yes

Council Contact Details

* indicates a required field

Before you continue:

For where it says "Organisation", this specifically refers to the Council's information only. Details about this application's best contact person and the Council's SEP/s will be requested in subsequent sections.

Organisation Details

Organisation Name *

Organisation Name

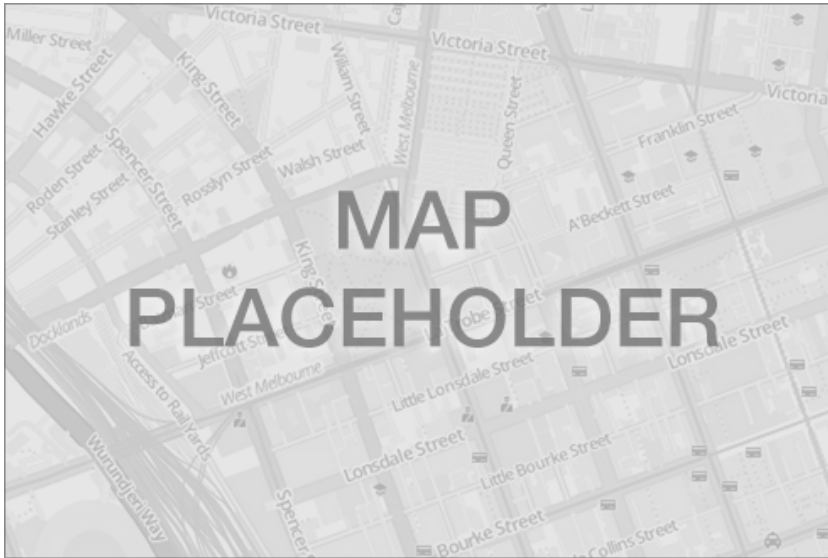
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address

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Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

For successful Councils, they will require the following:

- Their Local Government Entity ABN which matches their Council entity name
- A bank account that has the same name as their ABN.

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Does the applicant organisation have an Australian Business Number (ABN)? *

Yes

No

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Contact Details

This is the person we will correspond with about this grant and should be the individual who is filling out this application form.

Name *

Title

First Name

Last Name

Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Phone Number *

Must be an Australian phone number.

Country code not required, area code for landlines is required.

Email *

Must be an email address.

This will be the address we will use to correspond with you about this grant.

Head of Organisation

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Must be the **General Manager** or equivalent for the Council.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email *

Must be an email address.

Application Details

* indicates a required field

Before you continue:

Please note the following instructions for the next section:

- For "**Title**" please enter the name of your SEP
- For "**Brief description**" please enter a summary of the SEP and its desired outcomes.
- For your "**Anticipated start date**" please enter a date between 13/01/2025 and 31/12/2025. Note: your project cannot have started or already taken place
- For your "**Anticipated end date**" please ensure that the date you enter is before the 31/12/2025. This is the last date by which have submitted your Progress Report for Milestone One. This includes lodgement of documents being submitted to Department of Planning, Housing and Infrastructure for the Planning Proposal to amend the Local Environmental Plan for the SEP/s.
- For the "**Primary location of your initiative**" please add the location of the SEP being either the:
 - a) main street through the SEP, or;
 - b) for a single premises SEP, the exact location of the premises.

Note: If you are applying for more than one SEP please enter the details for one of them. You will have the opportunity to provide details of the other SEPs below.

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

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Brief description *

Word count:

Must be no more than 50 words.

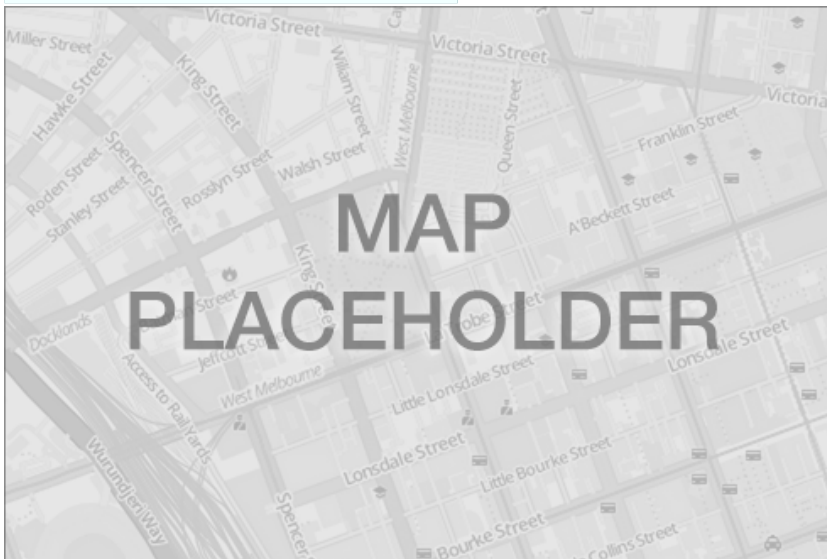
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address



Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Please update anticipated start/end date

You have indicated above that your project either starts/ends before 13/1/2025 or after 31/12/2025.

Please update the details to ensure your dates fit within these timeframes.

Establishment of Multiple SEPs

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Councils are permitted to apply for funding for the establishment of multiple SEPs. Note: if the Council is applying for the establishment of multiple SEPs, these must be included in one application (comprising of this EOI application and a full application if deemed eligible). Multiple funding applications from the same Council will not be considered.

Is the Council applying for funding for the establishment of multiple SEPs? *

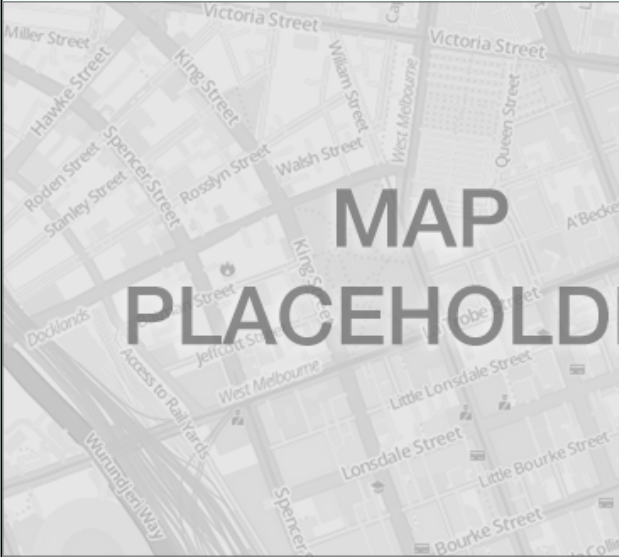
- Yes No

Additional SEPs

Please select 'Add More' at the bottom of this table to add more rows if you are applying for the establishment of multiple SEP/s.

Name of SEP

Location of SEP

	
Must be no more than 20 words.	

Amount Requested Information

Each council can apply for between \$50,000 and \$200,000 to go towards eligible costs associated with the establishment of one or multiple SEPs.

As this grant operates on a 'first-in, first-served' basis, please note that the total amount requested entered below is subject to funding available at the time of assessment. If funding is expended by the time your application is assessed you may be offered a lesser funding amount or be placed on a waitlist.

Total Amount Requested

\$

*

What is the total financial support you are requesting under this grant?

Please update the amount requested

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You have indicated that the total amount requested does not align with the minimum or maximum amount available for this grant.

Please update the details to ensure that you are requesting the correct amount.

Declaration

* indicates a required field

Disclaimer

The applicant acknowledges and agrees that:

- Changes to the application and any additional materials cannot be submitted after the advertised closing date and time.
- Department of Creative Industries, Tourism, Hospitality and Sport (DCITHS) has the right to investigate any information provided in this application and/or to request additional information where DCITHS deems it necessary for the purpose of assessing your application or administering the Program.
- DCITHS may re-open an application after the closing date, provided it doesn't give the applicant an advantage over other applicants.
- DCITHS staff are not able to provide advice on content or choices required within an application.

Privacy Notice

DCITHS is collecting your personal information for the following purposes:

- To assess your application against the eligibility criteria for the - Special Entertainment Precinct (SEP) Kickstart Grant Program;
- If your application is deemed eligible, for DCITHS to subsequently administer the Program;
- For DCITHS to publish your personal information in a way it deems necessary in order to publicise your connection to the Program; and
- For DCITHS to monitor and evaluate the Program.

DCITHS will not use your personal information for any other purposes. Providing your personal information to DCITHS is voluntary, however DCITHS may not be able to assess your suitability for the Program if you choose not to provide it.

DCITHS will not disclose your personal information to anybody else unless you have given your consent, or DCITHS is required or authorised to by law, such as by court order or under the *Government Information Public Access Act 2009* (NSW) (GIPA Act).

You have the right to access your personal information and/or correct your personal information held by DCITHS without excessive delay or expense.

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If you would like to know more about how DCITHS meets its regulatory obligations in collecting, using, sharing, and storing personal information, you can read the Department's complete Privacy Policy [here](#).

If you have any questions about this Privacy Notice, or you would like to access or correct your personal information, please contact the Department on the details below:

Legal Officer (Privacy) Department of Creative Industries, Tourism, Hospitality and Sport GPO Box 5341 Sydney NSW 2000 information@dciths.nsw.gov.au

Do you wish to receive updates from DCITHS in relation to funding opportunities, events or initiatives? *

Yes

No

Use of Information

The applicant acknowledges and agrees that:

- Subject to privacy legislation, if DCITHS assesses your application as successful, the information contained in this application form may be used for media and communication purposes by DCITHS and/or the NSW Government.

Declaration

Before you can complete and submit this application, you must accept the following conditions by declaring:

- I have the authority to complete and submit this application on the Council's behalf.
- All information supplied as part of this application will be true and accurate to the best of my knowledge.
- All activities proposed by this application will be conducted in accordance with current legislation, including but not limited to, complying with Working with Children legislation.
- I acknowledge funding will not be released if the entity has outstanding acquittals for this or other projects/programs across DCITHS.
- I acknowledge DCITHS has the right to withdraw any offer of funding or demand the return of funds already paid if my declaration is found to be incorrect or misleading.

Authorisation

I agree *

Yes

Name of authorised person *

Title

First Name

Last Name

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Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.