

PART 1. THE PROPOSED EVENT

1. NAME OF THE EVENT
2. PROPOSED DATE/S FOR THE EVENT: START DATE FINISH DATE
3. PROPOSED TIME/S FOR THE EVENT: START TIME FINISH TIME
4. WHAT IS THE PURPOSE OF YOUR EVENT?
5. WHAT ACTIVITIES WILL BE TAKING PLACE?
6. WHO IS THE EVENT FOR (e.g. young people, older residents)?
7. IS THIS AN ANNUAL EVENT? YES NO IS THIS A NEW EVENT? YES NO
8. WHERE ARE YOU PLANNING TO HOLD THE EVENT?
NAME AND ADDRESS OF VENUE
9. ARE ALL RELEVANT PERMISSIONS IN PLACE (e.g. PLANNING, WRITTEN CONSENT FROM LANDOWNER/PROPERTY OWNER/GALWAY CITY COUNCIL)
10. IS THIS EVENT TO BE HELD (place a tick in the appropriate box/es): INDOORS AND/OR OUTDOORS.
11. IF YOU ARE PLANNING AN INDOOR EVENT, IS THE VENUE ACCESSIBLE TO PEOPLE WITH A DISABILITY? YES NO
12. IF YOU ARE PLANNING AN OUTDOOR EVENT, IS THE VENUE ACCESSIBLE TO PEOPLE WITH A DISABILITY? YES NO
13. IF YOU ARE PLANNING AN OUTDOOR EVENT, WHAT ARRANGEMENTS HAVE YOU MADE IN CASE OF RAIN?
14. HOW MANY PEOPLE ARE INVOLVED

PLANNING THE FESTIVAL

PREPARATION OF EVENTS

RUNNING EVENTS IN THE FESTIVAL

HOW MANY VOLUNTEERS IN TOTAL ARE INVOLVED?

15. HOW MANY PEOPLE DO YOU EXPECT TO ATTEND?
16. HOW DO YOU INTEND TO PUBLICISE THE EVENT?
17. HOW MUCH WILL THE EVENT COST? Please include detailed breakdown of all costs
18. WHAT OTHER SOURCES OF FUNDING HAVE YOU GOT? (Please note that any other funding received from Galway City Council may be taken into account when considering your application)
19. HOW MUCH ARE YOU APPLYING FOR FROM GALWAY CITY COUNCIL?

PART 3: YOU'RE ORGANISATION

20. DO YOU HAVE PUBLIC LIABILITY INSURANCE COVERAGE? YES NO

PLEASE UPLOAD A PDF COPY OF YOUR PUBLIC LIABILITY INSURANCE COVER

21. WHAT ARE THE AIMS AND OBJECTIVES OF YOUR ORGANISATION?
22. HAS YOUR ORGANISATION RUN AN EVENT IN THE PAST? YES NO
23. WHAT WAS THE NAME OF THE PREVIOUS EVENT/S AND WHEN WAS IT HELD?
24. IS YOUR ORGANISATION REGISTERED WITH GALWAY CITY COMMUNITY NETWORK? YES NO

