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COMMUNITY GRANTS SCHEME 2018 / 2019

APPLICATION FORM

APPLICATIONS CLOSE: 12 noon Friday 17th August 2018

Name of Project

Please be short but descriptive in naming project

Name of Organisation

Contact Person

Email address

Contact Phone Number

OFFICE USE ONLY

Date application received Initials

Acknowledgement email sent/letter sent/phone call made Initials

File Number

COMMUNITY GRANTS SCHEME

2018/ 2019

APPLICATION FORM

Section 1 – APPLICANT INFORMATION

1.1 Name of Group / Organisation _____

1.2 Address _____

_____ Post Code _____

1.3 Contact Person _____

1.4 Contact Person's position within the organisation _____

1.5 Daytime telephone number (08) _____

1.6 Mobile telephone number _____

1.7 E-mail address _____

1.8 In summary, what is the primary aim or goal of the group or organisation?

1.9 Number of Members currently involved in the group or organisation? _____

1.10 Is your Group / Organisation registered for GST?

YES

NO

Australian Business Number [ABN] _____

**If you do not have an Australian Business number you must complete a 'Statement by Supplier' form.*

1.11 Your group / organisation must have its own Bank / Credit Union Account or similar, please state Account Name, Bank / Credit Union Name and Branch, BSB and Account number:

Account Name _____

Bank / Credit Union Name _____

Branch _____

BSB _____

Account number _____

Section 2 – DESCRIPTION OF PROJECT

2.1 Project Title _____

**Please be very descriptive – This is the title that will be used for your application.*

2.2 What is the objective of your project?

2.3 Please provide an overview of your project:

2.4 How will this project benefit the community?

2.5 Grant amount requested

\$ _____

2.6 How did you decide the project was needed?

(How was the demand for the project identified?)

2.7 Location (s) *(i.e. where service / activity is to be provided.)*

2.8 Who is the owner of the land where the project is to be located?

- Your Organisation *(attach a copy of your Certificate of Title)*
- Local Council *(attach the completed Landowner Consent form)*
- Other – please specify below *(attach the completed Landowner Consent form)*

2.9 Proposed start date:

2.10 Proposed completion date:

Section 3 – PROPOSED BUDGET FOR PROJECT / ACTIVITY

3.1 Could your project proceed if only partial funding were received?

Yes

No

If yes, how? _____

3.2 Is this project contingent on additional funding being secured from other State / Australian Government funding programs?

Yes

No

If yes, please provide details: _____

3.3 Is there any other information that you think is relevant to your application?

It is important that the Community Grants Scheme awards funds to projects that are realistic and are likely to succeed. Therefore, we need to have very clear information about all the costs that will be incurred by your project. These costs will include those aspects that will not be funded through the Community Grants Scheme.

PROJECT INCOME *(Please detail)*

Group's contribution to project	
Club / organisations Funds	\$
Fundraising activities	\$
Donations / fees for activity of project	\$
In kind <i>(materials, volunteer hours etc: Calculate volunteer hours @ \$20/hour)</i>	\$
Is your group putting anything else towards this project?	\$
	\$
TOTAL GROUP'S CONTRIBUTION	\$

Other Income	
Income already Secured (eg grants etc)	
	\$
	\$

Council Grant Requested	\$
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TOTAL PROJECT INCOME (Must Equal Expenditure)	\$
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PROJECT EXPENDITURE *(Please detail)*

	\$
	\$
	\$
	\$
	\$
TOTAL PROJECT EXPENDITURE (Must Equal Income) <i>Include your in kind contributions to ensure Income and Expenditure are equal</i>	\$

* If your organisation **IS** registered for GST – DO NOT add GST to any amounts in your budget

* If your organisation **IS NOT** registered for GST – include ALL GST on expenditure items.

3.7 You must attach a copy of your last financial year's audited annual financial statements for your Group / Organisation. If your group has "surplus funds" above what is required for the project please provide an explanation of why the group cannot self fund the proposed project.

Section 4 – CERTIFICATION BY APPLICANT

I hereby certify that I have been authorised to prepare and submit this application on behalf of the aforementioned Group / Organisation and that the information contained is a true and correct record to the best of my knowledge. On behalf of the afore mentioned organisation, I agree that this application has been made in accordance with the eligibility criteria and the conditions of funding and the following conditions;

- Upon successful application, Council will advance the entire grant amount to the Community Group's nominated bank account. Council will not fund projects on an instalment payment basis.
- **To provide Barunga West Council with a written acquittal for any grant monies received once the project is completed, and in any case, prior to 31st May 2019. The acquittal must include original Tax Invoices in support of the total expenditure of the grant funds.**
- That the funds received from Barunga West will be expended as outlined and in accordance with this grant application, unless otherwise documented in an approved request for changes from Council
- Any unspent funds will be returned to Barunga West Council
- To notify Barunga West Council if funding is gained from another source for this project
- To provide Barunga West Council with a copy of the applicants Public Liability Cover, listing any specific events
- To provide proof of incorporation of the organisation or sponsoring organisation
- To acknowledge Barunga West Council as a sponsor of the project / activity in any publicity or promotion
- Where required, the project will comply with all relevant building codes, standards and applicable legislation.
- Failure to comply with these conditions may preclude our organisation from accessing further support in the future

AUTHORISED SIGNATURE OF APPLICANT/S

Applications must be signed by two members of the organisation who are authorised to do so. *Unsigned applications will be returned.*

Name (please print) _____

Signature _____

Position in Organisation _____

Date _____

Counter Signatory of Management Committee

Name (please print) _____

Signature _____

Position in Organisation _____

Date _____