
**CITY of SALISBURY
GUIDELINES FOR
COMMUNITY GRANTS**

The City of Salisbury, through its **Community Grants Program**, aims to encourage, develop and support community projects that provide a service/program to residents of the City of Salisbury, which foster opportunities for community participation and community development.

The limits of funding under the Community Grants are bound to an upper limit of **\$2,000**.

For new groups an establishment grant may be available which are limited to a maximum of \$2,000 for an unincorporated group and \$5,000 for incorporated groups.

When making your application, please use the checklist (√) to see if you have included all the information required. If you are not sure, the **Administrative Coordinator - Finance Department (8406 8340)** will be pleased to help you with any questions or problems.

What type of Grants?

- Community Grant*
- OR** *Community Grant - establishment of a new group*

In these areas - please tick (√)

- Health
- Establishment of a new group
- Education and Training
- Sport / Recreation
- Environment
- Culture / Arts
- Disability
- Youth
- Crime Prevention
- Aged

Is your project eligible to apply for a Community Grant? **Yes** **No**

Is the group a community group, voluntary association, health or religious organisation whose project satisfies the guidelines.

Particular consideration will be given to **innovative responses** to community needs. Every attempt will be made to **distribute funds equitably** across the City.

The Purpose of the Project

All projects must have a clearly stated purpose. There must be a practical plan including a budget for achieving this purpose. It must also demonstrate the following:

1. That the project should be a response to a **clearly demonstrated need** and must be appropriate to that need.
2. It does not **duplicate** other locally available services.
3. Applications must come from non-profit organisations.
4. The project is accessible to **all individuals living** in the Local Government area of Salisbury.
5. The project encourages the **involvement of volunteers and resource sharing**.
6. That some efforts have been made towards **raising funds** to offset the costs of the project. Established groups may be required to demonstrate their efforts in this area
7. The successful applicants must be willing **to confirm their intention of accepting the grant and the conditions applied**.
8. Groups must provide an acquittal of funds statement after **six months** unless negotiated with the Finance Administration Officer.

Funding will not be provided for the following:

- | | |
|--|--------------------------|
| Money already spent | <input type="checkbox"/> |
| Salaries (initial or on-going) | <input type="checkbox"/> |
| Recurrent administration costs | <input type="checkbox"/> |
| Capital development (eg renovations or building changes, which will be permanently part of the structure) | <input type="checkbox"/> |
| Upgrading facilities, which belong to Local, State, or Commonwealth governments | <input type="checkbox"/> |
| An organisation trading as a sole trader/individual | <input type="checkbox"/> |
| Application from Public & Private Schools are ineligible | <input type="checkbox"/> |
| Groups/organisations that have previously received funding and not fulfilled reporting obligations, including provision of post event evaluation/report and financial acquittal. | <input type="checkbox"/> |

If you have ticked any of these questions, your project is ineligible for funding.

How is an application made?

Application forms are available from the Front Reception at Council in James Street or by telephoning the Administrative Coordinator - Finance Department on 8406 8340.

The application must be signed by two current senior office holders of the organisation (ie President, Secretary, Treasurer)

Completed forms should be sent to:

City of Salisbury
PO Box 8
Salisbury 5108

If applicants require assistance in preparing an application for funding please contact the Administrative Coordinator - Finance Department.

Once your application has been received, an acknowledgment letter will be forwarded to you advising of the expected timing of the next meeting of the Community Grants Committee, to consider all eligible applications.

What happens next?

The Grants Committee will consider all applications and applicants will be notified as soon as possible as to the outcome of their applications for community grant funding. Please note the Grants Committee make the final decision on every application considered.

Those successful applicants will be required to confirm their intention of accepting the grant and the conditions, by completing the **letter of confirmation and acceptance of community grant** form that details the conditions of the grant. The form will be forwarded with the letter notifying successful applicants

At the end of the project, a written assessment together with **the acquittal of grant statement** provided to the successful applicants must be forwarded to Council.

Groups will need to comply with this requirement within **six months** of receipt of the grant unless negotiated with the Finance Administration Officer. **Failure to do so could jeopardise future applications for funding.**

Unsuccessful applicants will be encouraged to re-apply provided their application satisfies the guidelines.

Groups or organisations that receive a grant in **one round will not be considered again until after the next two rounds of funding.** Funding rounds usually occur twice per financial year.

Closing Date

Closing Date for applications:

The closing date for the Community Grant is **Wednesday 14 March 2012 at 5pm**

Note: Late applications will not be considered.

**CITY OF SALISBURY
COMMUNITY GRANTS SCHEME
APPLICATION**

(Please print or type all information clearly)

Name of Organisation:

Contact Person and Position held in Group/Organisation

Contact Information: Address and Phone number etc

TEL: Business Hours () _____
After Hours () _____
Mobile () _____

NB - a member of the Grants Committee may contact you, please make sure you include a convenient telephone contact for all hours.

GST Declaration

I agree upon signing of this document that I will provide council with the following information in regards to my Australian Business Number and Goods and Services Tax registration status.

Does your group/organisation have an **ABN**? Yes No

If **Yes** please quote **ABN**: _ _ _ _ _

If **No** please sign the attached **ABN Declaration**.

Is your group/organisation **registered** for **GST**? Yes No

GST Registration

NB: If your group is **registered for GST** you will be asked to provide a tax invoice to Council before an approved grant can be provided to your organisation. The invoice must clearly state the words **TAX INVOICE, Business Name, ABN** and the **approved Grant plus GST**.

IS THE FUNDING FOR:	Yes	No
Money already spent?	<input type="checkbox"/>	<input type="checkbox"/>
Salaries (initial or on going)?	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent administration costs?	<input type="checkbox"/>	<input type="checkbox"/>
Capital development (eg; renovations or building changes that will be permanently part of the structure)?	<input type="checkbox"/>	<input type="checkbox"/>
Upgrading facilities which belong to Local, State or Commonwealth governments?	<input type="checkbox"/>	<input type="checkbox"/>
Application from Public & Private Schools	<input type="checkbox"/>	<input type="checkbox"/>
An organisation trading as a sole trader/individual	<input type="checkbox"/>	<input type="checkbox"/>
Groups/organisations that have previously received funding and not fulfilled reporting obligations , including provision of post event evaluation/report and financial acquittal.	<input type="checkbox"/>	<input type="checkbox"/>

**If yes to any of these questions, this project is ineligible for funding.
If no to all of these questions, please continue with the application.**

TARGET POPULATION INFORMATION

Note: Any organisations that are based outside of the City of Salisbury area but meet the criteria will be assessed on merit.

How does your project benefit residents of the City of Salisbury?

What proportion of your **membership** reside in the City of Salisbury area?

What proportion of your **target population** reside in the City of Salisbury area?

How many people will benefit? How do you know?

How will you inform the target group of the project?

ORGANISATION INFORMATION:

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Is your organisation incorporated | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Community/Non-Profit | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Government funded | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Trading as a sole trader/individual
<i>(If yes, you are not eligible to apply)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other (please specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked no for A, please state which **parent organisation** you operate under:

If you have ticked yes for C, please list funding source (s) and purpose:

Your group/organisation must have it's own Bank/Credit Union Account or similar, please state **Account name, Bank/Credit union name and location.**

Please provide the name and contact details of a referee – preferably someone who can verify the bona fide status of your group (not members of the committee)

Who will be responsible for the grant?

How is your group/organisation managed?

Number of members currently involved in your group/organisation.

What resources will you and your group contribute to the project eg in-kind donations, labour, time etc?

In giving consideration to this application have you any further information that you think is relevant to your application.

*****Please note that this declaration must be signed by two current senior office holders of the organisation (ie President, Secretary, Treasurer)**

On behalf of(Name of organisation)

I.....
(Name, position) (Signature)

and

I.....
(Name, position) (Signature)

declare that the information provided is true and correct.

Date of application ___/ ___/ ___



**DECLARATION WHERE NO AUSTRALIAN BUSINESS NUMBER
IS REQUIRED**

I hereby certify that I am not required under the New Taxation System to hold an Australian Business Number (ABN), as I am not carrying out an enterprise under the New Tax System definition.

I am performing my services for Council as -

	Yes	No
A private recreational pursuit or hobby	<input type="checkbox"/>	<input type="checkbox"/>

Or

(1) As an individual without a reasonable expectation of profit Or gain	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

As such the Council is not obliged to withhold 48.5% from payments made to me.

I confirm that the above declaration is valid for all payments made by Council to our organisation. Should the situation change and I am required to hold an Australian Business Number, I will notify Council immediately.

Name:.....

Signature:.....

Organisation :.....

Date: