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| **Please ensure you have read and understood the City of Salisbury Community Grants** [**Program Guidelines and Eligibility Criteria document**](https://www.salisbury.sa.gov.au/assets/downloads/Active-and-Connected-Community-Grant-Guidelines.pdf) **prior to completing an application.** | |
| **Part 1 - Applicant Information** | |
| ***CONTACT DETAILS*** | |
| Name: |  |
| Title (your role with the group/organisation): |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| ***GROUP / ORGANISATION / BUSINESS / SCHOOL / INSTITUTION DETAILS*** | |
| Name: |  |
| Registered Address: |  |
| Suburb: | Postcode: |
| Phone: |  |
| Website: |  |
| ***GROUP / ORGANISATION / BUSINESS / MANAGEMENT DETAILS*** | |
| ABN: |  |
| Registered for GST: | ☐ Yes ☐ No |
| Not For Profit Deductible Gift Recipient (DGR) status by the Australian Taxation Office: | ☐ Yes ☐ No |
| Have you or your organisation previously received funding from the City of Salisbury? | ☐ Yes ☐ No  Please advise when, amount granted and what it was for: |
| ***5. BANKING INFORMATION*** | |
| Account Name: |  |
| BSB: |  |
| Account Number: |  |
| **Program Priorities** | |
| **What program priorities does your application best align to?**  ***(please tick which is applicable)*** | ☐ Create opportunities for people to connect with each other  ☐ Celebration of diverse community and collaborations  ☐ Deliver inclusive responses to meet the needs of isolated and marginalised groups  ☐ Develop and strengthen Reconciliation\* practices  ☐ Encourage residents and community groups to actively participate in their local city community and neighbourhood  ☐ Increase physical activity in our community  ☐ Decrease social isolation and reduce loneliness in our community  ☐ Empower the community’s means of self-development and achievements  \*Reconciliation is about strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples, for the benefit of all Australians. |

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| **Part 2 - Application Summary** | | |
| **What is the funding for?*(please tick which is applicable)*** | | * Youth Sponsorship * Defibrillator * Sporting Equipment * Small to medium Event * Program * New Community Group * Neighbourhood Activation   ☐ Other: please describe |
| **Name of the Application** | |  |
| **Proposed date(s)**  *(commencement to completion)* | | From to |
| **Location of activity/event**  **(**Activities and Events must occur [**within the City of Salisbury**](https://www.salisbury.sa.gov.au/council/elected-members-and-wards#ward-map)**)** | |  |
| **Provide a summary about your organisation** | | *(max 100 words)* |
| **Provide a brief description of:**   * **The proposed activity/event** * **The aim of the activity / event** * **The community members / groups\* (target audience) you hope to engage as part of this activity / event**   (Please refer to supporting documents including quotes and list them in Part 5) | | *(max 200 words)* |
| **Please outline the impact your activity/event seeks to achieve including how it will be evaluated.** | | (max 200 words) |
| **Describe how the activity/event will align with the program priorities as outlined on previous page.** | | *(max 100 words)* |
| **Which grant size are you applying for?** | | * Mini Grants are to the value of $2,000 (incl. GST) - Fill in funding details below then go to Part 5A * Small Grants are from $2,000 and to the value of $7,000 (incl. GST) - Go to and complete Part 3, 5, 6 and 7 * Medium Grants are from $7,000 and to the value of $12,000 (incl. GST) - Go to and complete Part 3 through to Part 7 |
| **Mini Grants - Amount of Funding Requested and for what purpose**  (e.g. equipment, Welcome to Country, performers fees, hall hire, sporting competition fees) | | Funding requested $  Total activity/event budget $  Purpose of funding: |
| If successful, please describe how the support from the City of Salisbury will be acknowledged. | *(max 100 words)* | |
| **NEXT STEPS:** | | |
| ☐ **Youth Sponsorship -** please download and complete the [Declaration form](https://www.salisbury.sa.gov.au/assets/downloads/Youth_Sponsorship_Declaration-June_2024.pdf) and attach it with this application and send to [communitygrants@salisbury.sa.gov.au](mailto:communitygrants@salisbury.sa.gov.au) for consideration  ☐ **MINI GRANTS (Up to $2k)** - please sign the declaration page in Part 7 of this application, save a copy in your personal files and send to [communitygrants@salisbury.sa.gov.au](mailto:communitygrants@salisbury.sa.gov.au) for consideration with relevant supporting documents listed in Part 5  ☐ **For any applications requesting more than $2k, please continue** | | |

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| **Part 3 - Small to Medium Grants ONLY ($2k - $12k)** | |
| **Please describe how your proposal demonstrates a clear alignment with and outcomes based on** [**Council’s City Plan**](https://www.salisbury.sa.gov.au/assets/files/assets/public/general_documents/council/council_plans_and_docs/city_plan_2035.pdf)**.** | (max 200 words) |
| **Please describe the community benefit of your activity/event.**  (e.g. participation numbers, % of City of Salisbury residents, expected outcomes, community needs, future legacy) | (max 200 words) |
| **Please outline how community members will be supported to continue their participation beyond this project.** | (max 200 words) |
| **Please describe or list key partners and/or stakeholders, community members and organisations that have been consulted, how and why they support the activity/event and any other information that demonstrates support**  If you have letters of support please attach them to your application as evidence. | (max 150 words) |
| **How will the activity/event be promoted?**  If successful, applicants will be required to acknowledge and promote the City of Salisbury’s contributions. | (max 200 words) |
| **Please summarise the major risks and mitigation strategies associated with this activity/event.**  Note: this does not replace the need to conduct a full risk assessment process | (max 200 words) |
| **Part 4 - Medium Grants ONLY ($7k - $12k)** | |
| **Apart from your organisation, please provide details of how this activity/event will positively impact any other local groups or businesses.**  (e.g. Local Business, Members, Volunteers, Staff, Customers, Community Organisations) | (max 200 words) |
| **Please describe how your activity/event is accessible and inclusive for the community.**  (e.g. no cost, ASL interpreters, wheelchair access, quiet areas) | (max 150 words) |
| **How will you deliver a sustainable activity/event?**  Please review the State Government’s [Waste and Recycling at Events and Venues Guideline](https://www.greenindustries.sa.gov.au/resources/zerowasteguide) for suggestions. | (max 150 words) |

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| **Part 5 – Supporting Documentation** | |
| **Please include the following paperwork with your application if applying as a:**   * **Community Group** (as applicable) * **Club** * **Not for Profit** | Included þ |
| Certificate of Incorporation demonstrating not-for profit status |  |
| Most recent annual financial statement certified by the President /Treasurer or audited by a qualified accountant as presented at an AGM |  |
| A signed copy of committee minutes endorsing the event or project, authorising an application to the Active & Connected Community Grants Program and documenting the authorised project contact |  |
| A copy of the organisations Certificate of Insurance (Public Liability Insurance) |  |
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| **Please list and attach any relevant and supporting documentation including but not limited to:** | Included þ |
| Quotes for purchases  *A valid financial quote from a trustworthy Australian registered business* |  |
| Letters of support for the project / event  *may include organisations / community groups partnering with you / neighbour support* |  |
| Event or Project Plan / Checklist / Timeline |  |
| Copy of Risk management plan (for events) |  |
| Copy of proposed Traffic Management plan (for events) |  |
| Venue hire agreement / permit /quote |  |
| Public liability insurance |  |
| Other.... |  |

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| **Part 6 - Budget Breakdown** | | | |
| **Amount Requested** | $ | |  |
| **Total Budget** | $ | |  |
| **Itemised Breakdown of Costs:**  ***An itemised breakdown of costs must be provided. Please attach a separate sheet if there is insufficient space.*** | | | **Name of Supplier** |
|  | $ | |  |
|  | $ | |  |
|  | $ | |  |
|  | $ | |  |
|  | $ | |  |
|  | $ | |  |
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|  | $ | |  |
|  | $ | |  |
|  | $ | |  |
|  | $ | |  |
| **TOTAL (including GST):** | **$** | |  |
| **Quote Attached:**  ***A detailed, current quote must be provided with the application.*** | * Yes | * No |  |

**Application Declaration**

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| **Part 7 - APPLICATION DECLARATION** |
| This declaration must be completed by an authorised representative of the applicant (or, if this application is a joint/consortium application, authorised representative of the lead organisation).  The authorised representative should be a person who is legally empowered to enter contracts and commitments on behalf of the applicant.  For groups or organisations, 2 signatories from senior office holders will be required.  *Please read, tick the boxes and sign below*   * I/We acknowledge that I am authorised to make this application on behalf of the Organisation. * I/We acknowledge that the information provided in this application is true and correct. * I/We acknowledge that application needs to be acquitted within 6 months of receipt of funds as set out in the Acceptance of Community Grant – Form 1 and City of Salisbury Community Grants Program Guidelines and Eligibility Criteria as set out * I/We acknowledge that our Organisation may be required to supply further information prior to consideration of this application by the City of Salisbury Community Grants Program. * I/We acknowledge that any changes in circumstances regarding this Application must be notified in writing, and the City of Salisbury Community Grants Program may request more information.   On behalf of *(Group/Organisation)*    ***(Name)******(Name)***  ***(Position) (Position)***  ***(Signature 1) (Signature 2)***  ***(Date)******(Date)*** |