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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/Economic-Growth-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)*** | Support and deliver initiatives to create jobs and increase investment  Build work readiness in our community so residents are aware of and can pursue job opportunities  Be business friendly  Provide services and infrastructure that support entrepreneurs and emerging industry sectors  Ensure Salisbury’s activity centres are interesting places to visit, attractive places to invest and great locations to work. |

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| **Part 2 - Application Summary** | |
| **What is the funding for?**  ***(please tick which is applicable)*** | Courses or training for young local entrepreneurs.  Create a platform for youth entrepreneurs in the city to come together.  Activations that promote and raise the profile of the City of Salisbury  Live music performance or DJs  Pop-up exhibitions  Creative workshops or sessions  Events  Markets  Other: please describe: |
| **Name of the Application** |  |
| **Proposed date(s)**  (Commencement to completion) | From to |
| **Location of activity**  (Activities must occur [within the City of Salisbury](https://www.salisbury.sa.gov.au/council/elected-members-and-wards#ward-map)) |  |
| **Provide a brief description of the proposed activity**  (Please refer to supporting documents including preferred quote etc. as listed in Part 4) | *(max 100 words)* |
| **Describe how the activity will align with the program priorities as outlined on previous page** | *(max 100 words)* |
| **Which grant size are you applying for?** | Mini Grant for local young entrepreneurs (up to 25 years old) are to the value of $1,000 (incl. GST) – Fill in funding details below  Mini Grants are to the value of $2,000 (incl. GST) - Fill in funding details below  Small Grants are from $2,000 and to the value of $7,000 (incl. GST) - Go to Part 3 |
| **Mini Grants - Amount of Funding Requested and for what purpose**  (e.g. the purpose could include equipment purchase, energy audit, signage etc.) | Funding requested $  Total activity budget $  Purpose of funding: |
| **If successful, please describe how the support from the City of Salisbury will be acknowledged**. | *(max 100 words)* |
| **NEXT STEPS:** | |
| **MINI GRANTS FOR LOCAL YOUNG ENTREPRENEURS (UP TO $1K) & MINI GRANTS (UP TO $2K) -** please sign the declaration page in Part 6 of this application, save a copy in your personal files and send to communitygrants@salisbury.sa.gov.au for consideration with relevant supporting documents listed in Part 4.  **FOR ANY SMALL GRANT APPLICATIONS REQUESTING MORE THAN $2K, PLEASE CONTINUE** | |

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| **Part 3 – Further Information - Small Grants ONLY ($2k - $7k)** | |
| **Please describe the economic benefit of your activity/event.**  (e.g. participation numbers, expected outcomes, future legacy, increased value, jobs created) | (max 200 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) |
| **To complete the proposed activity, approximately what percentage of purchases by cost will be local City of Salisbury, Adelaide or South Australian suppliers and products?** | City of Salisbury based: ………….. %  Adelaide based: ………….. %  South Australian based: ………….. % |

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| **Part 4 – Supporting Documentation – Mini and Small Grants** |
| **Please list and attach any relevant and supporting documentation including but not limited to:**   * Quote or information about proposed training or course * Quotes from proposed suppliers or contractors * Event Plan/Checklist (if applicable) * Venue permit/Hire Agreement (if applicable) * Certificate of currency - public liability insurance (if applicable) |
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| **Part 5 - Budget Breakdown – Small Grants ONLY** | | |
| **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.*** | | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
| **TOTAL (including GST):** | **$** | |
| **Quote Attached:**  ***A detailed, current quote must be provided with the application.*** | Yes | No |

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| **Part 6 - Application Declaration – Mini and Small Grants** |
| 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)*** |