

**2019/20 Minor Capital Works Grants Program - Application Form**

**Before you begin**

Before completing this application form you should read the **Minor Capital Works Grant Program – Guidelines and Eligibility Criteria booklet**.

**Making a valid application**

* Use the form provided or the online Application Form
* Make sure you include all attachments and essential documentation where requested.
* Putting together a strong application takes time and energy, so it is important that you read the guidelines carefully, complete this application in full, and ensure that all of the information to be submitted with your application is provided.
* Applicants are encouraged to contact the Community Planner: Sport & Recreation prior to submitting an application to determine suitability for funding.
* Have the Declaration section of the Application Form signed by two authorised representatives of the organisation; one signature must be the current President/Chairperson.
* Email, Post or personally deliver the completed application form with all of the essential supporting documentation to the City of Salisbury.

**Address for submission of applications**

Minor Capital Works Grant Program

City of Salisbury

PO Box 8

SALISBURY SA 5108

[city@salisbury.sa.gov.au](mailto:city@salisbury.sa.gov.au)

# Essential Contact Information

It is essential that all applicants confirm the eligibility of projects prior to commencing their application.

All applicants must contact the Community Planner: Sport & Recreation to assess the eligibility of projects.

Ph. 8406 8278 or Email [sport@salisbury.sa.gov.au](mailto:sport@salisbury.sa.gov.au)

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| **Information to be submitted with your pre-screening application** | |
|  | **Attached** |
| Your most recent annual financial statement certified by the President /Treasurer or audited by a qualified accountant as presented at an AGM |  |
| A copy of building works drawings or concept plans for the project |  |
| Where applicable supply evidence of cash support (e.g. recent bank statement) |  |
| Provide photos that clearly demonstrate why the works are needed |  |
| Provide a Certificate of Incorporation demonstrating not-for profit status |  |
| Provide a signed copy of committee minutes endorsing the project, authorising an application to the MCW Grants Program and documenting the authorised project contact |  |
| Where applicable provide letters of support for the project from each of the user groups |  |
| Where applicable provide a letter/email from the head lessee supporting the application |  |

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| **Information to be submitted after approval of pre-screening application** | |
| 3 (three) valid quotes for the project works for all components of proposed work from qualified individuals or businesses including 1 (one) quote from a Council preferred contractor |  |
| Complete project works drawings included with quotes |  |

**IMPORTANT**

Incomplete applications will be considered non-compliant and ineligible for funding.

The applicant will be provided advice and requested to supply any outstanding documentation. Once all documentation has been received, the application will be processed and presented for assessment.

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| **Organisation Information** | | | |
| 1. ***GROUP / ORGANISATION DETAILS*** | | | |
| **Name of the organisation:**  As it appears on the Certificate of Incorporation | Enter Name of Organisation | | |
| **ASIC Registration Number:** | Enter ASIC Registration Number | | |
| **ABN:** | Enter Australian Business Number if applicable | | |
| **Facility Name/Address:** | Enter Venue Name and Address | | |
| **Postal Address:**  Registered postal address of the organisation | Enter Registered Postal Address | | |
| **Suburb:** | Enter Suburb | | **Postcode:** Postcode |
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| 1. ***CONTACT PERSON DETAILS*** | | | |
| **Person Responsible for the Grant:**  (all communication will be directed to this person) | Mr  Mrs  Ms  Dr  Other :  Enter Name of Person | | |
| **Role / Position within Organisation:** | Enter Role within Organisation | | |
| **Phone:** | **Landline:** Enter Landline Phone Number  **Mobile:** Enter Mobile Phone Number | | |
| **Email:**  Please use an e-mail address that will be checked at least once a week. | Enter Email Address | | |
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| 1. ***ABOUT YOUR MEMBERSHIP*** | | | |
|  | **Junior** | **Senior / Master** | |
| **Male** | Number of Members | Number of Members | |
| **Female** | Number of Members | Number of Members | |
| **Social** | Number of Members | Number of Members | |
|  |  |  | |
| **Total membership** | Total Number of Members | | |

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| **Funding Category** | | | | |
| 1. ***FUNDING CATEGORY*** | | | | |
| **Category A – up to $50,000**  Clubs that meet one of the following may apply for **Category A** funding:   * have a current lease or sub-lease of a Council owned building; or * licence or sub-license over Council owned land; or * have a current hire agreement to use Council managed facilities such as an indoor recreation centre or community centre; or * operate from facilities located on land where the City of Salisbury maintains an interest to purchase that land. | | | |  |
| **Category B – up to $25,000**  Not-for-profit associations that own their own facilities that are used to deliver sport and recreation outcomes to the community may apply for **Category B** funding. | | | |  |
| Have you sought, or intend to seek funds from another source for this project?  *(If Yes – Where from and the amount of funding requested)* | | | Yes | No |
| **Source/s:**  Enter Source | | | **Amount/s:**  Enter Amount | |
| **About the Project** | | | | |
| 1. ***PROJECT DETAILS*** | | | | |
| **Name of Project** | Enter Name of Project | | | |
| **What does your project involve?**  Describe what you are planning to do | Enter details of project and what you are planning to do | | | |
| **Are there any time constraints for the project?**  Please provide details about:   * When the project is due to commence; * Required completion time; or * Whether there are any other works, events, or programs that may impact on the delivery of the project | Enter details about time constraints for the project | | | |
| **Why is the project needed?**  Eg. Does the proposed works:  - eliminate/reduce risk  - increase safety of participants, spectators, officials  - meet a required sport/building standard  - address a gap in the current facility  - increase participation opportunities  - provide additional avenue for revenue  (please include photographs) | Enter details about why the project is needed | | | |
| **How will your project increase participation opportunities for sport and recreation?**  Eg. Does the proposed works:  - address a gap in participation  - increase safety/reduce risk for participants, spectators, and officials  - provide facilities to cater for participation growth  - allow club to increase teams, programs, and/or officiating opportunities | Enter details about how the project will increase participation opportunities for sport and recreation | | | |
| **How will the project increase inclusive opportunities for diverse people in the community and how does the project address Universal Design Principles?**  Diversity includes but is not limited to cultural, age, ability, religion, gender, and socio-economic status.  The Principles of Universal Design include:   * Equitable Use * Flexibility in Use * Simple and Intuitive to Use * Perceptible Information * Tolerance for Error * Low Physical Effort * Size and Space for Approach and Use   Further information can be found here: <http://universaldesignaustralia.net.au/7-principles-of-universal-design/> | Enter details about how the project will increase inclusive opportunities for diverse people in the community and how it addresses Universal Design Principles | | | |
| **Apart from your organisation and its members, are there any other groups within the community that will benefit from the project?**  Attach letters of support where applicable.  Head Lease holders must provide support for the project and application. | **Community Group** | **How they will benefit** | | |
| Enter Name of Group | Enter details about how this group will benefit | | |
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| **Budget Information** |

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| 1. ***USING THE HEADINGS IN THE TABLE BELOW, OUTLINE THE COST OF YOUR PROJECT – ALL AMOUNTS ARE TO BE GST INCLUSIVE*** | | | |
| **Item** | **Amount** | **Quote Used** | |
| *e.g. Perimeter fencing – 120m* | *$10,000* | *Fence Easy* | |
| Enter Item | $ Enter Amount | Enter Quote Used | |
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| a. Total Project Cost | $ Enter Amount |  | |
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| b. Your Contribution | $ Enter Amount |  | |
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| c. Other grants / funds secured | $ Enter Amount |  | |
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| **Total Grant Requested** (= a – b – c) | $ Enter Amount |  | |
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| **Can the proposed works proceed if the full amount requested is not provided?** | | Yes | No |

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| **Terms and Conditions of Funding** | |
| All applications are administered according to the following conditions.   1. MCWGP funding will be used expressly for the purpose outlined in the application and as endorsed by Council. Requests to change the purpose of funding must be made in writing and is at the discretion of the Council. 2. City of Salisbury is not responsible for any budget shortfalls relating to inflation of costs and unanticipated works. 3. City of Salisbury is not responsible for any loss or expense endured during project implementation or in relation to the completed project.   **Category A Applications**   1. All applicants must, at the time of application have a currently executed lease/licence or other use agreement with the City of Salisbury, or Council will have a contracted right to first right of refusal to purchase the property. 2. City of Salisbury will make all reasonable efforts to complete projects to the standards and requirements as documented by the applicant within the MCWGP. 3. The City of Salisbury will project manage the implementation of funded projects. 4. All works will be carried out by licensed trades’ people appointed by the City of Salisbury within the allocated financial year. 5. Any costs incurred resulting from interference with contractors by applicants will be passed on to the applicant in full. 6. The City of Salisbury reserves the right to appoint and utilise contractors where a contractual obligation is in effect. 7. The timing of the works will be programmed in accordance with all other capital works projects of the City, and where possible in sympathy with the operating timeframes of the applicant. 8. Grant funds are paid directly to the appointed contractor by the City of Salisbury on satisfactory completion of the works. 9. Unspent funds may be retained by the City of Salisbury for future projects. 10. All reasonable efforts will be made by the City of Salisbury to complete the project within the allocated budget and timeframe. 11. Where the value of works exceeds the value of the grant, monies of the Club, additional grants or any other external funds are being used in conjunction with MCWGP funding, applicants may be required to enter in to a Capital Works Agreement prior to the commencement of works. Applicants will be invoiced for the balance of funds prior to the commencement of works.   **Category B Applications**   1. Applicants must be able to demonstrate, if requested, their ownership of the property. 2. It is strongly recommended that applicants seek independent legal and financial advice to determine all taxation obligations before submitting an application. 3. Please note that if your organisation’s annual turnover is greater than $150,000 (non-profit organisations) then you are required by the Australian Tax Office to be registered for the GST. 4. Successful applicants who are registered for GST will have their grant grossed up by 10% to offset the GST payable on the grant. 5. Organisations that are not registered for the GST will not have the grant grossed up. 6. If successful, organisations cannot have their Grant Agreement transferred to another body on the basis of GST registration. 7. A project acquittal must be submitted within twelve (12) months of project completion. Failure to supply proof of expenditure will result in ineligibility for future grant funding. 8. Unspent funds are to be returned to City of Salisbury. | |
| **We agree to abide by the terms and conditions of funding** | Yes |

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| **Application Declaration** |
| ***Please note that this declaration must be signed by two authorised representatives of the organisation; one signature must be the current President/Chairperson*** |
| On behalf of Enter Name of Organisation *(Group/Organisation)*  Enter Name & Position of Signatory 1 Enter Name & Position of Signatory 2  *(Name & Position) (Name/Position)*  *(Signature) (Signature)*  Enter Date of Signing Enter Date of Signing  *(Date) (Date)*  Declare that I am authorised to complete this application on behalf of the applying community organisation and that the information contained in this application to the Salisbury Sport and Recreation Minor Capital Works Program is accurate at the date of submission, and that the application is eligible for consideration under the guidelines and specifications of the program. Further we accept the terms and conditions upon which funding for this project is offered. |