

# Community Grants Program

## Application Form

Applications for Community Grants must be received by the 15<sup>th</sup> of each month to be assessed by the Community Wellbeing and Sport Committee the following month (providing the eligibility criteria is met).

**Please ensure you have read and understood the City of Salisbury Community Grants Program Guidelines and Eligibility Criteria document prior to completing an Application.**

## Application Eligibility Checklist

Is the Funding For:	Yes	No
<ul style="list-style-type: none"> <li>Money already spent?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Salaries (initial or ongoing)? <i>Payment of facilitator or contractor engaged specifically to deliver program / activity under the grant may be considered</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Recurrent administration costs or Public Liability Insurance?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Capital development (e.g. renovations or building changes that will be permanently part of the structure)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Upgrading facilities which belong to Local, State or Commonwealth Governments?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Application from Public / Private Schools?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>An organisation trading as a sole trader/individual?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>A group that is a non-incorporated body and does not have a parent incorporated body <b>or</b> is not endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not-for-profits Commission?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Groups/organisations that have previously received funding and <b>NOT</b> fulfilled reporting obligations, including provision of post event evaluation/report and financial acquittal?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Groups/organisations that have received Community Grants Program funding from the City of Salisbury within the past twelve (12) months (<i>with the exception of Defibrillator funding</i>).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

***If you have answered YES to any of these questions, this application **may NOT** be eligible for grant funding.***

*to avoid delays please ensure that your application form is completed in its entirety - **all questions must be answered***

## Applicant Organisation Information

<b>1. GROUP / ORGANISATION DETAILS</b>		
Name:		
Address:		
Suburb:	Postcode:	
<b>2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)</b>		
Name:		
Title (your role with the group/organisation):		
Address:		
Phone:	Landline: Mobile:	
Email:		
<b>3. COMMUNITY GRANT RESPONSIBILITY</b>		
Name of Person Responsible for the Grant:		
Title (role with the group/organisation):		
<b>4. GROUP / ORGANISATION MANAGEMENT DETAILS</b>		
How is your group/organisation managed: <i>(ensure Committee/Board Meeting Minutes are attached)</i>		
<b>Is your organisation:</b>		
a) Incorporated:	<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question b)
ASIC Registration Number:		
b) Operated under a Parent Organisation: <i>(please state which parent organisation you operate under below AND attach a supporting letter from the organisation)</i>	<b>Yes</b>  (go to question c)	<b>No</b>  (go to question c)
<b>Parent Organisation</b> Name:		
ASIC Registration Number:		

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## Organisation Information (continued)

c) Community/Non-Profit:	<b>Yes</b>	<b>No</b>
Is your organisation endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not- for-profits Commission?	<b>Yes</b> <input type="checkbox"/> <i>(evidence must be attached to this application)</i>	<b>No</b>
d) Government Funded: <i>(If Yes, please list funding source/s and purpose in part e &amp; f)</i>	<b>Yes</b>  (go to question e & f)	<b>No</b>
e) Funding source/s:		
f) Purpose:		
g) Other (please specify):	<b>Yes</b>	<b>No</b>

### 5. BANKING INFORMATION

***Your organisation must have its own Bank/Credit Union Account or similar***

Full Account Name:  <i>*do not provide account or BSB numbers*</i>	Financial Institution Name:  Branch Location:
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### 6. REFEREE INFORMATION

***Please provide the name and contact details of a referee – preferably someone who can verify the bona fide status of your group/organisation (NOT Members of the Committee)***

Referee's Name:	
Referee's Contact Information:	

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## 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

*(If Yes - Please Quote ABN:)*

*(If No, the ABN Declaration Form attached must be signed)*

Yes ☐

No ☐

Is your group/organisation registered for GST

Yes ☐

No ☐

**NB: GST Registration**

***If your group IS registered for GST you are required to provide a Tax Invoice to Council before an approved grant amount can be provided to your organisation. The invoice must clearly state the words TAX INVOICE, Business Name, ABN and the approved grant amount including GST.***

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## Project/Event Budget Information

Will the project or event generate income (e.g. ticket sales, entry fee etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>(enter '0' dollar amounts below)</i>
If Yes, provide details:		
<b>INCOME</b>	<b>\$ AMOUNT</b>	
Project or event generated income:		
Organisation's contribution:		
Income received from other Grants: <i>(list organisation(s) providing Grant funding and their contribution)</i>		
Income received from sponsors: <i>(list sponsor(s) and their contribution)</i>		
Donations: <i>(please specify the source, product or service and estimated amount of funding requested)</i>		
Have you sought any other funding for the project/event: <i>(please specify the source and amount of funding requested)</i>	Yes	No
<b>TOTAL (including GST):</b>		
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?		
<b>EXPENSES</b> <i>(specify the proposed expense budget by item:)</i>	<b>\$ AMOUNT</b>	
<b>TOTAL (including GST):</b>		

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## Summary of Project/Event Information

Is the funding for: <i>(please tick which is applicable)</i>	<input type="checkbox"/> Event <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> New Group Defibrillator
Name of Project/Event Requiring Funding	
Date(s) of Project/Event <i>(if ongoing or one-off please state "ongoing"/"one-off")</i>	
Total cost of Project/Event	
Amount of Community Grant Funding Requested	
Is there any other information that you may feel is relevant to your application?           <input type="checkbox"/> There are no relevant attachments.	<input type="checkbox"/> There are relevant attachments and the following documents are attached:  1. 2.

### Which category best describes your project/event?

*(please check all that apply)*

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

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## Project/Event Details

### Previous Community Grants Program Funding

Has your Organisation previously received a Community Grant? <i>(If Yes – when, amount granted and what the grant was for:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(go to Group/Organisation Information)</i>
When was the Grant funding received (month & year):		
What amount of Grant funding was provided:		
When was the previous Grant acquitted (month & year):		

### Group/Organisation Information

Group/Organisation Name		
Group/Organisation Description		
Group/Organisation Registered Address	Number/Street: Suburb:	Postcode:
Is the Club Incorporated?		
Number of Members		
% of Membership that reside in the City of Salisbury	%	

### Project/Event Details

Project/Event Name		
Project/Event Summary		
Date(s) of Project/Event		
Location of Project/Event:	Number/Street: Suburb:	Postcode:
How will the Project/Event benefit the residents of the City of Salisbury?		
How many individuals will benefit from the Project/Event?		
% of project/event participants that reside in the City of Salisbury	%	
If it is an Event, is it open to the public?		
How will the Project/Event be promoted?		

*to avoid delays please ensure that your application form is completed in its entirety - all questions must be answered*



Grant Money Requested		
Amount Requested	\$	
<b>Itemised Breakdown of Costs:</b> <i>An itemised breakdown of costs must be provided. Please attach a separate sheet if there is insufficient space.</i>		
	\$	
	\$	
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	\$	
	\$	
<b>TOTAL (including GST):</b>	\$	
<b>Quote Attached:</b> <i>A detailed, current quote <u>must</u> be provided with the application.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(please refer to the City of Salisbury Guide to completing the Community Grants Program Application Form)</i>

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### Project or Event Scope

*Provide a description of the proposed project or event:*

#### Attachments

- ☐ There are no attachments relating to the Project or Event Scope.
- ☐ The following documents are attached relating to the Project or Event Scope:
  - 1.
  - 2.
  - 3.

### Benefits and Outcomes of the Project or Event

*Provide a description of the benefits and outcomes of the proposed project or event to the residents of the City of Salisbury and/or the wider community:*

*to avoid delays please ensure that your application form is completed in its entirety - **all questions must be answered***

### Support for the Project or Event

*Demonstrate how the proposed project or event is supported by residents of the City of Salisbury and/or the wider community:*

*(include a list of key partners and/or stakeholders, community members and organisations that have been consulted, how and why they support the project or event and any other information that demonstrates support.*

#### Attachments

- ☐ There are no attachments relating to Support for the Project or Event.
- ☐ The following documents are attached relating to Support for the Project or Event:
  - 1.
  - 2.
  - 3.

### Project or Event Management

#### Ongoing Projects or Events

*Describe how the proposed project or event will be managed into the future:  
(outline how you will ensure sustainability and achieve outcomes for the project or activity)*

#### One-off Projects or Events

*Describe how the proposed project or event will be managed:  
(outline how you will achieve outcomes for the project or activity)*

## Application Declaration

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

Please read, tick the **S1** and **S2** boxes and sign:

**S1**   **S2**

- ☐ ☐ I acknowledge that I am authorised to make this application on behalf of the Organisation.
- ☐ ☐ I acknowledge that the information provided in this application is true and correct.
- ☐ ☐ I 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 acknowledge that, should this Application be successful in obtaining Community Grant funding, our Organisation must complete the acquittal and reporting requirements as set out in the Acceptance of Community Grant – Form 1 and City of Salisbury Community Grants Program Guidelines and Eligibility Criteria.
- ☐ ☐ I acknowledge that any changes in circumstances with regard to this Application must be notified in writing and the City of Salisbury Community Grants Program may request further information.

On behalf of \_\_\_\_\_ (Group/Organisation)

(Name/Position)                      /                      and                      /                      (Name/Position)

\_\_\_\_\_  
(Signature 1)

\_\_\_\_\_  
(Signature 2)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Contact (phone number):

Contact (phone number):

Both signatories will be contacted to verify the application - a contact phone number must be provided for each.  
Your Application will **not** be submitted until contact and verification has occurred, **no exception**.

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## 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 providing my services as:

**Yes**

**No**

A private recreational pursuit or hobby

As an **individual** without a reasonable expectation of profit or gain

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.

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(Group/Organisation)

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(Name/Position)

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(Signature)

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(Date)

*to avoid delays please ensure that your application form is completed in its entirety - **all questions must be answered***