



## **AGENDA**

### **FOR SPORT, RECREATION AND GRANTS COMMITTEE MEETING TO BE HELD ON**

**9 OCTOBER 2017 AT 6:30 PM**

**IN COMMITTEE ROOMS, 12 JAMES STREET, SALISBURY**

#### **MEMBERS**

Cr L Caruso (Chairman)  
Mayor G Aldridge (ex officio)  
Cr D Balaza  
Cr B Brug  
Cr D Bryant  
Cr D Pilkington  
Cr D Proleta  
Cr J Woodman (Deputy Chairman)  
Cr R Zahra

#### **REQUIRED STAFF**

Chief Executive Officer, Mr J Harry  
General Manager Business Excellence, Mr C Mansueto  
General Manager Community Development, Ms P Webb  
Manager Governance, Mr M Petrovski  
Governance Coordinator, Ms J Rowett

#### **APOLOGIES**

#### **LEAVE OF ABSENCE**

#### **PRESENTATION OF MINUTES**

Presentation of the Minutes of the Sport, Recreation and Grants Committee Meeting held on 11 September 2017.

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**REPORTS**

*Administration*

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*Community Grants*

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**OTHER BUSINESS**

**CLOSE**



**MINUTES OF SPORT, RECREATION AND GRANTS COMMITTEE MEETING HELD  
IN COMMITTEE ROOMS, 12 JAMES STREET, SALISBURY ON**

**11 SEPTEMBER 2017**

**MEMBERS PRESENT**

Cr L Caruso (Chairman)  
Mayor G Aldridge (ex officio)  
Cr D Balaza  
Cr D Pilkington  
Cr D Proleta  
Cr J Woodman (Deputy Chairman)  
Cr R Zahra

**STAFF**

Chief Executive Officer, Mr J Harry  
General Manager Business Excellence, Mr C Mansueto  
General Manager Community Development, Ms P Webb  
Manager Governance, Ms T Norman

The meeting commenced at 6.28 pm.

The Chairman welcomed the members, staff and the gallery to the meeting.

**APOLOGIES**

Apologies were received from Cr B Brug and Cr D Bryant.

**LEAVE OF ABSENCE**

Nil

**PRESENTATION OF MINUTES**

Moved Cr D Pilkington  
Seconded Cr J Woodman

The Minutes of the Sport, Recreation and Grants Committee Meeting held on 14 August 2017, be taken and read as confirmed.

**CARRIED**

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## REPORTS

### *Administration*

#### **7.0.1 Future Reports for the Sport, Recreation and Grants Committee**

Moved Cr D Pilkington  
Seconded Mayor G Aldridge

1. The information be received.

**CARRIED**

### *Community Grants*

#### **7.2.1 Youth Sponsorship - August Applications**

Moved Cr D Proleta  
Seconded Cr J Woodman

1. The information be received.

**CARRIED**

#### **7.2.2 Community Grants Program Applications for September 2017**

Moved Cr D Pilkington  
Seconded Cr R Zahra

1. The information be received and noted.

**CARRIED**

#### **7.2.3 15/2017: Grace for All Nations Church Inc. - Community Grants Program Application**

Moved Mayor G Aldridge  
Seconded Cr D Balaza

1. It be noted that, in accordance with delegated powers set out in the endorsed Terms of Reference, the Sport, Recreation and Grants Committee assessed and allocated funding for the September 2017 round of Community Grants as follows:
  - a. Grant No. 15/2017: Grace for All Nations Church Inc. be awarded the amount of **\$2,500.00** to assist with the purchase of audio equipment for the January 2018 Conference as outlined in the Community Grant Application and additional information.

**CARRIED**



**7.2.4 19/2017: Para Hills Wanderers Netball Club Inc. - Community Grants Program Application**

*Cr D Balaza sought leave of the meeting to speak for a further five minutes and leave was granted.*

Moved Cr D Proleta  
Seconded Cr J Woodman

1. It be noted that, in accordance with delegated powers set out in the endorsed Terms of Reference, the Sport, Recreation and Grants Committee assessed and allocated funding for the September 2017 round of Community Grants as follows:
  - a. Grant No. 19/2017: Para Hills Wanderers Netball Club Inc. be awarded the amount of **\$1,500.00** to assist with the purchase of the netball shoe subsidy and workshop facilitator (podiatrist) for the Injury Prevention Workshop as outlined in the Community Grant Application and additional information.

**LOST**

**OTHER BUSINESS**

Nil

The meeting closed at 6.52 pm.

CHAIRMAN.....

DATE.....



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<b>ITEM</b>	7.0.1
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	Future Reports for the Sport, Recreation and Grants Committee
<b>AUTHOR</b>	Michelle Woods, Projects Officer Governance, CEO and Governance
<b>CITY PLAN LINKS</b>	4.3 Have robust processes that support consistent service delivery and informed decision making.
<b>SUMMARY</b>	This item details reports to be presented to the Sport, Recreation and Grants Committee as a result of a previous Council resolution. If reports have been deferred to a subsequent month, this will be indicated, along with a reason for the deferral.

#### **RECOMMENDATION**

1. The information be received.

#### **ATTACHMENTS**

There are no attachments to this report.

#### **1. BACKGROUND**

- 1.1 Historically, a list of resolutions requiring a future report to Council has been presented to each committee for noting.

#### **2. CONSULTATION / COMMUNICATION**

- 2.1 Internal
  - 2.1.1 Report authors and General Managers.
- 2.2 External
  - 2.2.1 Nil.

**3. REPORT**

- 3.1 The following table outlines reports to be presented to the Sport, Recreation and Grants Committee as a result of a previous Council resolution:

<b>Meeting Item</b>	<b>- Heading and Resolution</b>	<b>Officer</b>
24/07/2017	<b>Review of Youth Sponsorship Funding and Allocation Cap and Youth Sponsorship Policy</b>	Mechelle Potter
7.2.2	1. That the changes to the Youth Sponsorship Policy and associated Guidelines endorsed by Council at its April 2017 meeting be monitored for a period of 12 months and a report be brought back for consideration at the end of this review period.	
<b>Due:</b>	October 2018	

**4. CONCLUSION / PROPOSAL**

- 4.1 Future reports for the Sport, Recreation and Grants Committee have been reviewed and are presented to Council for noting.

**CO-ORDINATION**

Officer: EXECUTIVE GROUP  
Date: 03/10/2017

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<b>ITEM</b>	7.2.1
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	Youth Sponsorship - September Applications
<b>AUTHOR</b>	Mechelle Potter, Administrative Coordinator - Business Excellence, Business Excellence
<b>CITY PLAN LINKS</b>	3.3 Be a connected city where all people have opportunities to participate.

### **RECOMMENDATION**

1. The information be received.

### **ATTACHMENTS**

There are no attachments to this report.

## **1. BACKGROUND**

- 1.1 The Sports, Recreation and Grants Committee resolved that a report be provided listing all Youth Sponsorship grants approved.

## **2. CONSULTATION / COMMUNICATION**

- 2.1 Internal
  - 2.1.1 Elected Members
- 2.2 External
  - 2.2.1 Youth Sponsorship applicants

## **3. REPORT**

- 3.1 The following Youth Sponsorship Applications were assessed and approved by the Chairperson and one other member of the Sport, Recreation and Grants Committee in September 2017.

<b>Funding per application</b>	<b>Event</b>	<b>Total Funding</b>
1 @ \$250	One application has been received to represent South Australia at the Australian Schools Orienteering Competition to be held in Bathurst, NSW in September 2017.	\$250.00
1 @ \$250	One application has been received to represent South Australia at the Frangipani Challenge (Calisthenics) to be held in Darwin in September 2017.	\$250.00
1 @ \$250	One application has been received to represent South Australia Under 12 School Sport Australia Tennis Championship to be held in Victoria in October 2017.	\$250.00
1 @ \$125	One application has been received to represent South Australia at the Australian Kodokan Judo Association National Judo Championships to be held in Adelaide in October 2017.	\$125.00
1 @ \$250	One application has been received to represent South Australia at the Under 14 Basketball Championships to be held in Victoria in October 2017.	\$250.00
3 @ \$250	Three applications have been received to represent South Australia at the FFA National Junior Championships to be held in Coffs Harbour, New South Wales in September 2017.	\$750.00
8 @ \$125	Eight applications have been received to represent South Australia at the Australian Irish Dancing Championships to be held in Adelaide in September 2017.	\$1,000.00
1 @ \$250	One application has been received to represent South Australia at the Football Federation SA NTC Challenge to be held in Canberra in October 2017.	\$250.00
5 @ \$125	Five applications have been received to represent Australia at the Cycle Speedway World Championships to be held in Adelaide in November 2017.	\$625.00
<b>Total Funding for September 2017:</b>		<b>\$3,750.00</b>

3.2 The following application was received, however, are deemed ineligible:

- 3.2.1 One application to represent South Australia in the Junior Gridiron Australia Outback World Championships to be held in Queensland in July 2017, however the application is not eligible as funding was received by the applicant in April 2017.

- 3.2.2 Two applications to represent South Australia at the Australian Irish Dancing Championships to be held in Adelaide in September 2017, however the applications are not eligible as funding was received by both applicants in February 2017.
- 3.2.3 One application to attend the Athletics Group Tour of the USA, however the tour is not a state representation or supported by the peak sporting body and therefore considered ineligible.

**4. CONCLUSION / PROPOSAL**

- 4.1 The 2017/18 Youth Sponsorship budget allocation is \$45,000 less expenditure to date of \$13,125 (including September applications) which leaves a balance remaining of \$31,875.

**CO-ORDINATION**

Officer: EXECUTIVE GROUP  
Date: 03/10/2017





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<b>ITEM</b>	7.2.2
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	Community Grants Program Applications for October 2017
<b>AUTHOR</b>	Bronwyn Hatswell, PA to General Manager, Community Development
<b>CITY PLAN LINKS</b>	3.2 Have interesting places where people want to be. 3.3 Be a connected city where all people have opportunities to participate. 4.3 Have robust processes that support consistent service delivery and informed decision making.
<b>SUMMARY</b>	This report outlines the Community Grants Program Applications received for the October 2017 round.

#### **RECOMMENDATION**

1. The information be received and noted.

#### **ATTACHMENTS**

There are no attachments to this report.

#### **1. BACKGROUND**

- 1.1 Seven (7) applications were received for the October 2017 round of Community Grants.
- 1.2 Two (2) applications received for the October 2017 round of Community Grants are deemed ineligible and listed below:
  - 1.2.1 20/2017: Providence Chick [World Harvest Christian Centre Inc.]
  - 1.2.2 21/2017: Australian Refugee Association Inc.
- 1.3 Three (3) applications received for the October 2017 round require further information and will be submitted for consideration once the information has been received:
  - 1.3.1 22/2017: Brahma Lodge Sports Club Inc.
  - 1.3.2 23/2017: The Lions Club of Paralowie Inc.
  - 1.3.3 25/2017: Salisbury Sharks Golf and Social Club Inc.

- 1.4 One (1) application received for the June 2017 round of Community Grants required further information. The further information has not been received and the application is therefore deemed ineligible:

- 1.4.1 04/2017: Adelaide FX Drilldance Team Inc.

## 2. REPORT

- 2.1 Two (2) applications are presented for the October 2017 round of Community Grants, all of which are deemed compliant and listed below:

- 2.1.1 24/2017: Uniting in Care Salisbury Inc.

- 2.1.2 26/2017: Penfield Pistol, Rifle and Archery Club Inc.

- 2.2 Three (3) applications received for the October 2017 round of Community Grants requires further information and will be submitted for consideration once further information has been received.

- 2.3 One (1) application received for the June 2017 round of Community Grants Program funding required further information. The further information has not been received and the application is therefore deemed ineligible as per clause 11.2 of the *Guidelines and Eligibility Criteria*, and listed below:

- 2.3.1 10/2017: Adelaide FX Drilldance Team Inc.

- 2.4 Two (2) applications are deemed ineligible and are submitted to the Sport, Recreation and Grants Committee in an individual report for information.

- 2.5 The Community Grant Funding budget allocation for 2017/2018 is \$82,000. In 2017/2018 monies approved for grant funding is \$16,490.00 which leaves an unspent balance of \$65,510.00.

- 2.6 The monies committed to the two (2) compliant applications for the October 2017 round, if all approved, is **\$5,000.00**.

- 2.7 The remaining balance of the grant funding if the two (2) applications are approved is **\$60,510.00**.

## 3. CONCLUSION / PROPOSAL

- 3.1 Two (2) Community Grants Program applications are presented for funding consideration at the Sport, Recreation and Grants Committee in October 2017.

- 3.2 Three (3) Community Grants Program applications will be submitted for consideration once further information has been received.

- 3.3 One (1) Community Grants Program application is presented for information.

- 3.4 Two (2) Community Grants Program Applications are deemed ineligible and submitted in an individual report for information.

## CO-ORDINATION

Officer: EXECUTIVE GROUP

Date: 03/10/2017

<b>ITEM</b>	7.2.3
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>PREV REFS</b>	Sport, Recreation and Grants Committee      7.2.3      13/06/2017
<b>HEADING</b>	10/2017: Adelaide FX Drilldance Team Inc. - Community Grants Program Application
<b>AUTHOR</b>	Bronwyn Hatswell, PA to General Manager, Community Development
<b>CITY PLAN LINKS</b>	3.2 Have interesting places where people want to be. 3.3 Be a connected city where all people have opportunities to participate. 4.3 Have robust processes that support consistent service delivery and informed decision making.
<b>SUMMARY</b>	The Adelaide FX Drilldance Team Inc. Community Grants Program Application is submitted to the Sport, Recreation and Grants Committee for information.

#### **RECOMMENDATION**

1. The information be received and noted.

#### **ATTACHMENTS**

This document should be read in conjunction with the following attachments:

1. 10/2017: Adelaide FX Drilldance Team Inc. - Application

#### **1. BACKGROUND**

- 1.1 The Adelaide FX Drilldance Team Inc. Application was received for the June 2017 round of Community Grants Program funding.
- 1.2 The Application was incomplete and required further information.

#### **2. REPORT**

- 2.1 The original 10/2017: Adelaide FX Drilldance Team Inc. Application was received for the June 2017 round of Community Grants Program funding however the application was incomplete and required further information as follows:
  - the previous grant funding received 15 March 2016 has not been acquitted;
  - clarification was sought for the registered address for Adelaide FX Drilldance Team Inc. and the location where training takes place;
  - evidence that the Committee has endorsed submission of the Application was not provided;

- the Expenses section is incomplete;
  - clarification was sought for the dates and location for season 2017/2018;
  - the Amount Requested section is incomplete;
  - a detailed, current quote was requested as it was not provided with the application in its entirety; and
  - the signatory box for 'S2' has not been checked/ticked.
- 2.2 The additional information has not been received and therefore the Application is deemed ineligible as per clause 11.2 of the Community Grants Program Guidelines and Eligibility Criteria:

*Applications that are incomplete or do not contain all essential documentation may be considered ineligible or result in deferral to a subsequent round to enable an assessment to be made pending receipt of the incomplete/additional information. Applicants are requested to submit additional information within the timeframe for submission to the next round. Should the additional information not be received within three (3) months of receipt of the original application the application will be deemed ineligible and the organisation or group must submit a new application should it wish to proceed with applying for Community Grant funding.*

- 2.3 The Applicant has been notified that their Community Grants Program Application has lapsed.

### 3. CONCLUSION / PROPOSAL

- 3.1 The Adelaide FX Drilldance Team Inc. Application is submitted for information as per clause 11.6 of the Community Grants Program Guidelines and Eligibility Criteria:

*Applications received that are identified ineligible against the funding guidelines are submitted to the Sport, Recreation and Grants Committee for information. A copy of the application and any other relevant document(s) is presented to the Sport, Recreation and Grants Committee in its entirety as an attachment to the Committee Report as outlined in paragraph 11.4.*

#### CO-ORDINATION

Officer: EXECUTIVE GROUP  
Date: 03/10/2017



# 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 Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15<sup>th</sup> of February will be assessed at the March Meeting).

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



*Live it up*

Application Eligibility Checklist		
Is the Funding For:	Yes	No
• Money already spent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Salaries (initial or ongoing)? <i>Payment of facilitator or contractor engaged specifically to deliver program / activity under the grant may be considered</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Recurrent administration costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Capital development (e.g. renovations or building changes that will be permanently part of the structure)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Upgrading facilities which belong to Local, State or Commonwealth Governments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Application from Public / Private Schools?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• An organisation trading as a sole trader/individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• A group that is a non-incorporated body and does not have a parent incorporated body or is not endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not-for-profits Commission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have previously received funding and <b>NOT</b> fulfilled reporting obligations, including provision of post event evaluation/report and financial acquittal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have received Community Grants Program funding from the City of Salisbury within the past twelve (12) months.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Community Grant Application - Page 2 of 13



Applicant Organisation Information			
<b>1. GROUP / ORGANISATION DETAILS</b>			
Name:	Adelaide FX Drilldance club		
Address:	[REDACTED]		
Suburb:	Mawson lakes Postcode: 5095		
<b>2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)</b>			
Name:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Tracey Miller		
Title (your role with the group/organisation):	President & Senior Coach		
Address:	[REDACTED] Mawson lake		
Phone:	Landline: Mobile: [REDACTED]		
Email:	[REDACTED]		
<b>3. COMMUNITY GRANT RESPONSIBILITY</b>			
Name of Person Responsible for the Grant:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Tracey Miller & Sharon Golding		
Title (role with the group/organisation):	Senior & Under 17 team Coach		
<b>4. GROUP / ORGANISATION MANAGEMENT DETAILS</b>			
How is your group/organisation managed:	Committee - President, treasurer Secretary & committee - open meetings all club members can attend		
<b>Is your organisation:</b>			
a) Incorporated:	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input checked="" type="checkbox"/>                      (go to question c)                 </td> <td style="text-align: center;"> <b>No</b>  <input type="checkbox"/>                      (go to question b)                 </td> </tr> </table>	<b>Yes</b> <input checked="" type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question b)
<b>Yes</b> <input checked="" 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: <small>(please state which parent organisation you operate under below AND attach a supporting letter from the organisation)</small>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input type="checkbox"/>                      (go to question c)                 </td> <td style="text-align: center;"> <b>No</b>  <input type="checkbox"/>                      (go to question c)                 </td> </tr> </table>	<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question c)
<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question c)		
<b>Parent Organisation</b>			
Name:	Adelaide FX Drilldance Incorp.		
ASIC Registration Number:	A41417		

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

Community Grant Application - Page 3 of 13

Organisation Information (continued)		
c) Community/Non-Profit:	<b>Yes</b> <input checked="" type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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> <input checked="" type="checkbox"/>
d) Government Funded: <i>(If Yes, please list funding source/s and purpose in part e &amp; f)</i>	<b>Yes</b> <input type="checkbox"/>  (go to question e & f)	<b>No</b> <input checked="" type="checkbox"/>
e) Funding source/s:	fundraising	
f) Purpose:		
g) Other (please specify):	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>
<b>5. BANKING INFORMATION</b>		
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: [REDACTED]	
Adelaide FX Drilldance	Branch Location: [REDACTED] is where brand was open	
<b>6. REFEREE INFORMATION</b>		
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:	Michelle Mellor	
Referee's Contact Information:	[REDACTED]	

- Michelle is the president of Drilldar Australia.

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



<b>GST Declaration</b>		
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 <small>(If Yes - Please Quote ABN:)</small>  ----- <small>(If No, the ABN Declaration Form attached must be signed)</small>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is your group/organisation registered for GST	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>NB: GST Registration</b></p> <p><i>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.</i></p>		

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

Community Grant Application - Page 5 of 13

Project/Event Budget Information	
Will the project or event generate income (e.g. ticket sales, entry fee etc.)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>If Yes, provide details:</i>	
<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: <i>(please specify the source and amount of funding requested)</i>	\$ —
<b>TOTAL (including GST):</b>	<b>\$ —</b>
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?	our two teams will be continually fundraising throughout the season to try and travel to Nationals, get all fees and costumes paid for.
<b>EXPENSES</b> <i>(specify the proposed expense budget by item:)</i>	<b>\$ AMOUNT</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL (including GST):</b>	<b>\$</b>

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

### Summary of Project/Event Information

Is the funding for: <small>(please tick which is applicable)</small>	<input type="checkbox"/> Event <input checked="" type="checkbox"/> Project <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New Group
Name of Project/Event Requiring Funding	costumes for 2 teams within our club.
Date(s) of Project/Event <small>(if ongoing please state "ongoing")</small>	will be used for upcoming season 2017/18 at local comps and then at Nationals in Qld 2018
Total cost of Project/Event	\$ 2501.47
Amount of Community Grant Funding Requested	\$ 2501.47
Is there any other information that you may feel is relevant to your application?	Our club has grown for 1 team to 3 within our local community we require these 2 sets of costur for our Senior & Under 17 teams to be able to compete
<input type="checkbox"/> There are no relevant attachments.	<input checked="" type="checkbox"/> There are relevant attachments and the following documents are attached: 1. pricing for all costumes attached 2.

Which category best describes your project/event? <small>(please check all that apply)</small>	
Health	<input checked="" type="checkbox"/>
Establishment of a new group	<input type="checkbox"/>
Education and Training	<input type="checkbox"/>
Culture / Arts	<input checked="" type="checkbox"/>
Sport / Recreation	<input checked="" type="checkbox"/>
Environment	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>
Youth	<input type="checkbox"/>
Crime Prevention	<input checked="" type="checkbox"/>
Aged	<input type="checkbox"/>

*to avoid delays please ensure that your application form is completed in its entirety - all questions must be answered*  
 Community Grant Application - Page 7 of 13

Item 7.2.3 - Attachment 1 - 10/2017: Adelaide FX Drilldance Team Inc. - Application

Project/Event Details		
<b>Previous Community Grants Program Funding</b>		
Has your Organisation previously received a Community Grant? <i>(If Yes – when, amount granted and what the grant was for:)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <i>(go to Group/Organisation Information)</i>
When was the Grant funding received (month & year):	Feb 2016	
What amount of Grant funding was provided:	\$ 1475.00	
When was the previous Grant acquitted (month & year):		
<b>Group/Organisation Information</b>		
Group/Organisation Name	Adelaide FX Drilldance Club	
Group/Organisation Description	Drilldance Team	
Group/Organisation Registered Address	Number/Street: [REDACTED] Suburb: Mawson <sup> Lakes</sup> Postcode: 5095	
Is the Club Incorporated?	Yes	
Number of Members	49 + families	
% of Membership that reside in the City of Salisbury	100%	
<b>Project/Event Details</b>		
Project/Event Name	Costumes for upcoming 2017/18 Season	
Project/Event Summary	teams will compete locally wearing these then also at National Compets	
Date(s) of Project/Event	Season 2017/2018	
Location of Project/Event:	Number/Street: Suburb: Postcode:	
How will the Project/Event benefit the residents of the City of Salisbury?	we try and perform at any local function to try and give back to our local commu	
How many individuals will benefit from the Project/Event?	26 (13 in each team)	
% of project/event participants that reside in the City of Salisbury	100%	
If it is an Event, is it open to the public?	Yes	
How will the Project/Event be promoted?	Social Media flyers and Schools, shopping centres and handouts	

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





Project or Event Scope
<p><i>Provide a description of the proposed project or event:</i></p> <p>Our club has grown within the city of Salisbury from 1 team now to having 4 age groups. We are commencing our 2017/18 season in June and our 2 teams being the senior team and Under 17 team both require new sets of costumes to be able to compete. Our families work consistently through the season trying to fundraise enough to cover all the girls registration, comp fees, costumes, travel and accommodation. This season our senior &amp; under 17 teams will both need 4 new sets each team of costumes to be able to compete. We are hoping the city of Salisbury can assist us with 1 set each for our teams.</p> <p><b>Attachments</b></p> <p><input type="checkbox"/> There are no attachments relating to the Project or Event Scope.</p> <p><input type="checkbox"/> The following documents are attached relating to the Project or Event Scope:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

Benefits and Outcomes of the Project or Event
<p><i>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:</i></p> <p>I started the Adelaide FX club 5 years ago now and I have seen it grow in our community from the 1 team to 4 teams Under 8's, Under 12's, Under 17s &amp; Seniors which I'm very proud of seeing this growth and joining so many families together in friendship from the club I started.</p>

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

Community Grant Application - Page 10 of 13

Support for the Project or Event
<p><i>Demonstrate how the proposed project or event is supported by residents of the City of Salisbury and/or the wider community:</i>  <i>(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.</i></p> <p>We always try to give back to our local community in the way of performing at any local events, fete's schools ... <del>etc</del> wherever we can give back at no charge to entertain our community we will. We always get great feedback from everyone we perform from and also gain new members that way which grows <del>of</del> our club and the community base.</p> <p><b>Attachments</b></p> <p><input type="checkbox"/> There are no attachments relating to Support for the Project or Event.</p> <p><input type="checkbox"/> The following documents are attached relating to Support for the Project or Event:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

Project or Event Management
<p><u>Ongoing Projects or Events</u></p> <p><i>Describe how the proposed project or event will be managed into the future:</i>  <i>(outline how you will ensure sustainability and achieve outcomes for the project or activity)</i></p> <p><u>One-off Projects or Events</u></p> <p><i>Describe how the proposed project or event will be managed:</i>  <i>(outline how you will achieve outcomes for the project or activity)</i></p> <p>Every season we have had successful growth. Our aim this season is getting our under 8's established and also try to get a masters team (age 50+) happening, so we will officially cater for every age group within our community.</p>

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



## 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 Adelaide FX Drilldance club (Group/Organisation)

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

Tracey Miller  
- President, Senior Coach

Sharon Golding  
Secretary - under 17 coach

(Signature 1) Tracey Miller

(Signature 2) Sharon Golding

(Date) 10/5/17

(Date) 10/5/17

Contact (phone number): [REDACTED]

Contact (phone number): [REDACTED]

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

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





### 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
As an <b>individual</b> without a reasonable expectation of profit or gain	<input checked="" 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.

Adelaide FX Drilldance Club  
(Group/Organisation)

Tracey Miller - Club President  
(Name/Position)

Tracey Miller  
(Signature)

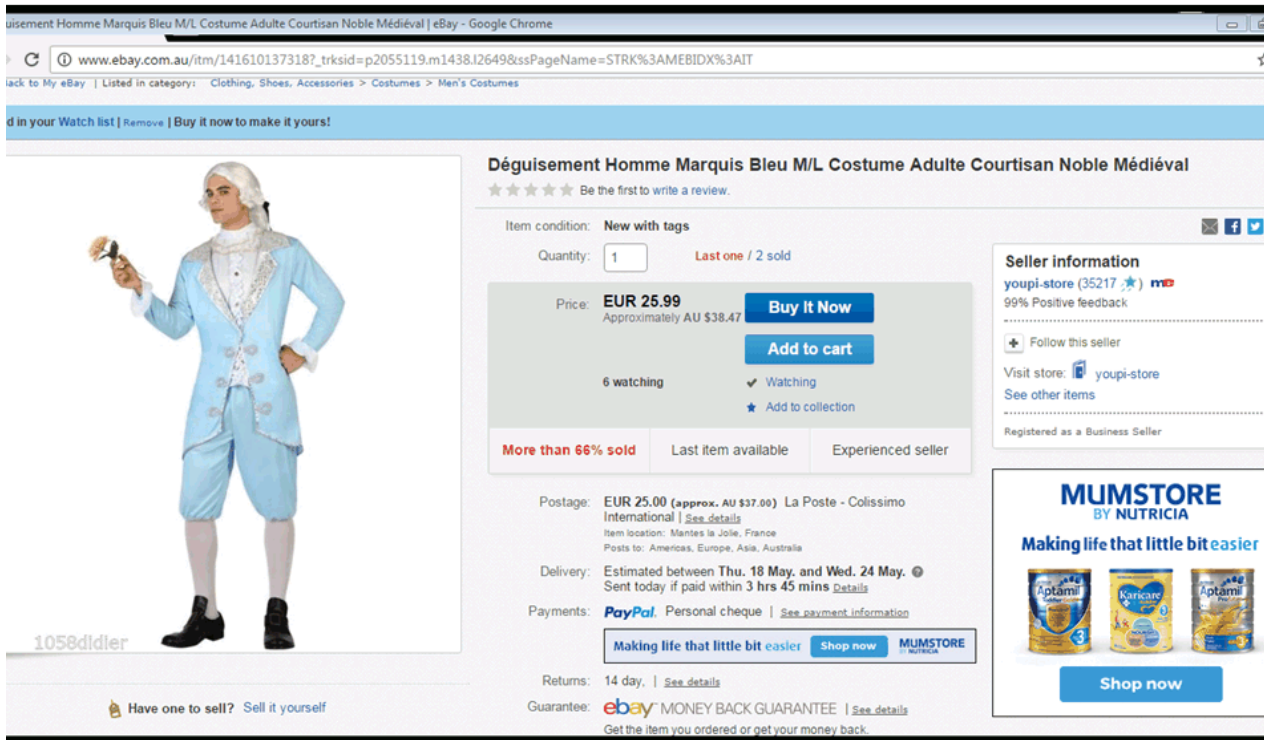
10/5/17  
(Date)

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

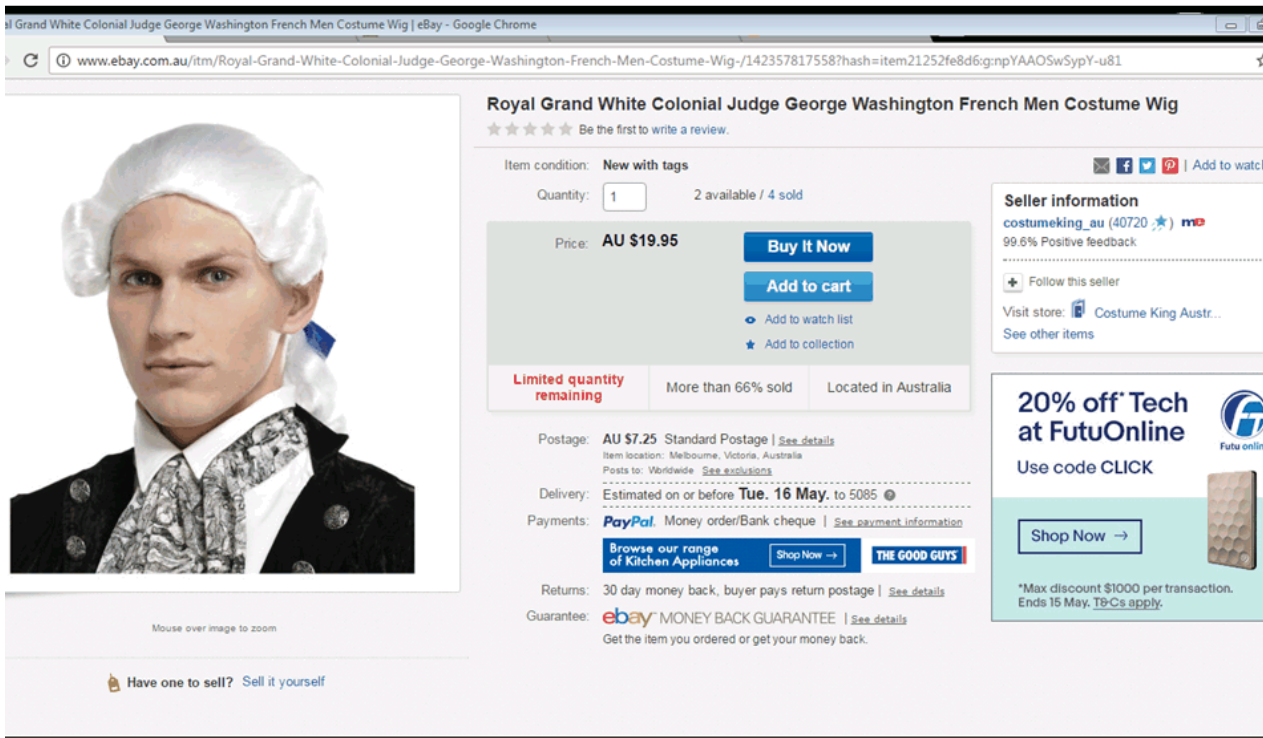


Front and back sketches for the 13 each costumes the Senior team require for their prop burlesque routine

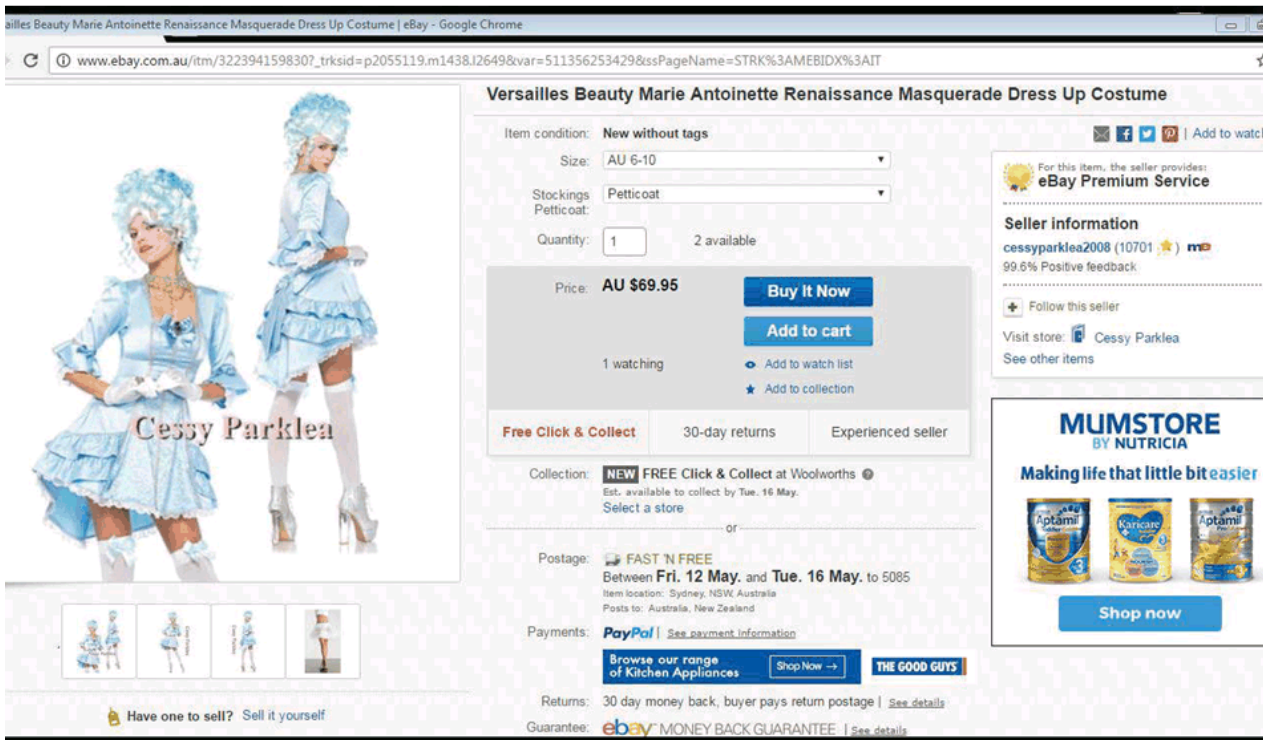
To be custom made by [REDACTED] - costume maker



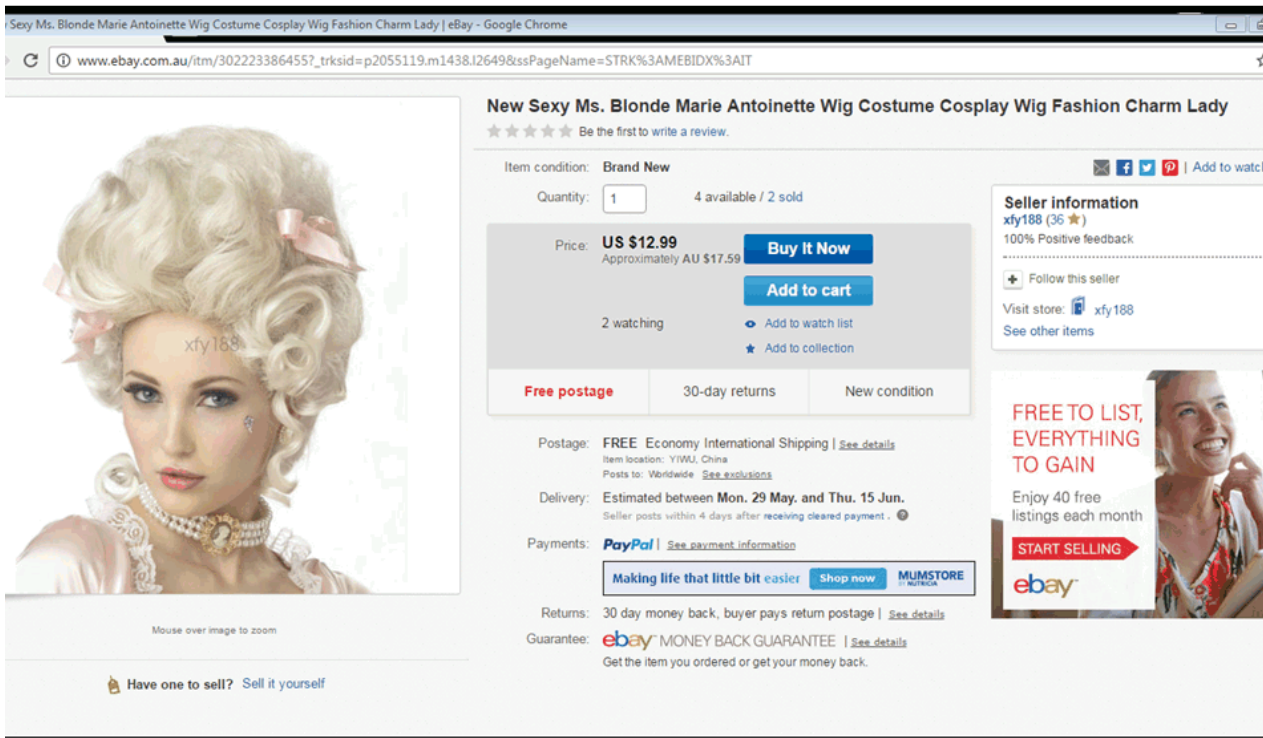
7 costumes @ \$38.47 plus \$37 postage = \$528.29AUD



7 wigs @ \$19.95 plus \$7.25 postage = \$190.40



7 costumes @ \$69.95 = \$489.65



7 wigs @ \$17.59 = \$123.13

**Total for routine \$1331.47**





# **DrillDance Australia**

## **Affiliation / Membership Statement 2016 / 2017**

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### **STATEMENT OF AFFILIATION**

THIS CERTIFIES THAT

**ADELAIDE FX**

ARE REGISTERED AND AFFILIATED

WITH

DRILLDANCE AUSTRALIA &  
DRILLDANCE SOUTH AUSTRALIA

FROM

1<sup>st</sup> November 2016

TO

30<sup>TH</sup> October 2017

**M Mellar**

MICHELLE MELLAR  
PRESIDENT  
DRILLDANCE AUSTRALIA



## Certificate of Currency

This certificate acknowledges that the Policy referred to is in force for the period shown. Summary of cover is listed below. [REDACTED]

This Certificate is subject to the terms, Definitions, Conditions and Exclusions of this Policy.

**DATE:** 2/11/2016

**POLICY NUMBER:** [REDACTED]

**YOU/YOUR/INSURED:** DrillDance Australia Incorporated including State Incorporated entities, there affiliated clubs and members thereof.

**PERIOD OF INSURANCE:** From: 4.00pm on 1/11/2016 to: 4.00pm on 01/11/2017

**POLICY:** [REDACTED]  
General Public and Product Liability Insurance Policy

**LIMIT OF LIABILITY:**

<b>Public Liability:</b>	\$20,000,000 any one Occurrence
<b>Products Liability:</b>	\$20,000,000 any one Occurrence and in the aggregate during any one Period of Insurance

[REDACTED]

**WORDING:** IBNA Broadform Liability and agreed endorsements where applicable

**NOTING:** [REDACTED]

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Issued by: QBE Australia

Underwriter: Paul Jamieson

**QBE Insurance (Australia) Limited** ABN 78 003191 035, AFS Licence No. 239545  
Level 5, 2 Park Street  
Sydney New South Wales 2000

QM6333-0815



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<b>ITEM</b>	7.2.4
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	20/2017: Providence Chick [World Harvest Christian Centre Inc.] - Community Grants Program Application
<b>AUTHOR</b>	Bronwyn Hatswell, PA to General Manager, Community Development
<b>CITY PLAN LINKS</b>	3.2 Have interesting places where people want to be. 3.3 Be a connected city where all people have opportunities to participate. 4.3 Have robust processes that support consistent service delivery and informed decision making.
<b>SUMMARY</b>	The Providence Chick [World Harvest Christian Centre Inc.] Community Grants Program Application is submitted to the Sport, Recreation and Grants Committee for information.

#### RECOMMENDATION

1. The information be received and noted.

#### ATTACHMENTS

This document should be read in conjunction with the following attachments:

1. 20/2017: Providence Chick [World Harvest Christian Centre Inc.] - Application

#### 1. BACKGROUND

- 1.1 The Providence Chick [World Harvest Christian Centre Inc.] Application was received for the October 2017 round of Community Grants Program funding and upon assessment is deemed ineligible.
- 1.2 Providence Chick [World Harvest Christian Centre Inc.] received \$2,500 Community Grants Program funding in August 2016 for the 2016 Providence Conference.

#### 2. REPORT

- 2.1 The Providence Chick [World Harvest Christian Centre Inc.] Application has been assessed against the Community Grants Program Guidelines and Eligibility Criteria clause 8. *Eligibility to Apply*. The Application is deemed **ineligible** as the event is taking place 4 to 6 October 2017, prior to the October funding round:

##### *Non-Eligible Organisations*

- 8.2. Funding will not be considered for the following:
  - Money already spent or funding of existing debts or shortfalls.

- 2.2 Communication has been sent to Providence Chick to encourage the submission of a new application for a future event or project ensuring that consideration is taken with regard to the timeframes for submission of the application to the Sport, Recreation and Grants Committee.

**3. CONCLUSION / PROPOSAL**

- 3.1 The Providence Chick [World Harvest Christian Centre Inc.] Application is submitted for information as per clause 11.6 of the Community Grants Program Guidelines and Eligibility Criteria:

*Applications received that are identified ineligible against the funding guidelines are submitted to the Sport, Recreation and Grants Committee for information. A copy of the application and any other relevant document(s) is presented to the Sport, Recreation and Grants Committee in its entirety as an attachment to the Committee Report as outlined in paragraph 11.4.*

**CO-ORDINATION**

Officer: EXECUTIVE GROUP  
Date: 03/10/2017



# 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 Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15<sup>th</sup> of February will be assessed at the March Meeting).

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



*Live it up*

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 checked="" 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 checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Recurrent administration costs?</li> </ul>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Application from Public / Private Schools?</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• An organisation trading as a sole trader/individual?</li> </ul>	<input type="checkbox"/>	<input checked="" 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 or 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 checked="" 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 checked="" 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.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Community Grant Application - Page 2 of 13

Applicant Organisation Information			
<b>1. GROUP / ORGANISATION DETAILS</b>			
Name:	Providence		
Address:	61 Baloo street		
Suburb:	Ingle Farm Postcode: 5098		
<b>2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)</b>			
Name:	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Sharon Coleman		
Title (your role with the group/organisation):	Providence administrator		
Address:	[REDACTED]		
Phone:	Landline: [REDACTED] Mobile: [REDACTED]		
Email:	[REDACTED]		
<b>3. COMMUNITY GRANT RESPONSIBILITY</b>			
Name of Person Responsible for the Grant:	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Sharon Coleman		
Title (role with the group/organisation):	Providence administrator		
<b>4. GROUP / ORGANISATION MANAGEMENT DETAILS</b>			
How is your group/organisation managed:	Overseen by a Board		
<b>Is your organisation:</b>			
a) Incorporated:	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input checked="" type="checkbox"/>                      (go to question c)                 </td> <td style="text-align: center;"> <b>No</b>  <input type="checkbox"/>                      (go to question b)                 </td> </tr> </table>	<b>Yes</b> <input checked="" type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question b)
<b>Yes</b> <input checked="" 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>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input type="checkbox"/>                      (go to question c)                 </td> <td style="text-align: center;"> <b>No</b>  <input checked="" type="checkbox"/>                      (go to question c)                 </td> </tr> </table>	<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input checked="" type="checkbox"/> (go to question c)
<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input checked="" type="checkbox"/> (go to question c)		
<b>Parent Organisation</b>			
Name:			
ASIC Registration Number:			

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

Organisation Information (continued)		
c) Community/Non-Profit:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is your organisation endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not- for-profits Commission?	Yes <input type="checkbox"/> <i>(evidence must be attached to this application)</i>	No <input checked="" type="checkbox"/>
d) Government Funded: <i>(If Yes, please list funding source/s and purpose in part e &amp; f)</i>	Yes <input type="checkbox"/>  (go to question e & f)	No <input checked="" type="checkbox"/>
e) Funding source/s:		
f) Purpose:		
g) Other (please specify):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>5. BANKING INFORMATION</b>		
<i>Your organisation must have its own Bank/Credit Union Account or similar</i>		
Full Account Name: <i>Providence Chick</i> <i>*do not provide account or BSB numbers*</i>	Financial Institution Name: [REDACTED]	
	Branch Location: [REDACTED]	
<b>6. REFEREE INFORMATION</b>		
<i>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)</i>		
Referee's Name:	<i>Kathy Tripodi</i>	
Referee's Contact Information:	[REDACTED]	

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



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 <i>(If Yes - Please Quote ABN:)</i>  84 215 296 657 <i>(If No, the ABN Declaration Form attached must be signed)</i>	Yes <input checked="" type="checkbox"/>  This ABN is under Life Church, 61 Baloo street, Ingle Farm	No <input type="checkbox"/>
Is your group/organisation registered for GST	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p><b>NB: GST Registration</b></p> <p><i>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.</i></p>		

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

Project/Event Budget Information		
Will the project or event generate income (e.g. ticket sales, entry fee etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>If Yes, provide details:</i>		
<b>INCOME</b>	<b>\$ AMOUNT</b>	
Project or event generated income:	\$ 9,400-00	
Organisation's contribution:	\$	
Income received from other Grants: <i>(list organisation(s) providing Grant funding and their contribution)</i>	\$ NIL	
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: <i>(please specify the source and amount of funding requested)</i>	\$ NO.	
<b>TOTAL (including GST):</b>	<b>\$ 9400-00</b>	
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?	Labour, time - Volunteers from Life.	
<b>EXPENSES</b> <i>(specify the proposed expense budget by item:)</i>	<b>\$ AMOUNT</b>	
Catering	\$ 3,200	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL (including GST):</b>	<b>\$</b>	

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



Summary of Project/Event Information	
Is the funding for: <i>(please tick which is applicable)</i>	<input checked="" type="checkbox"/> Event <input type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> New Group
Name of Project/Event Requiring Funding	Providence
Date(s) of Project/Event <i>(if ongoing please state "ongoing")</i>	04/10/17 - 06/10/17
Total cost of Project/Event	\$9,400-00
Amount of Community Grant Funding Requested	\$ 5000 or highest amount allowed.
Is there any other information that you may feel is relevant to your application?	<p>Providence is</p> <ul style="list-style-type: none"> <li>• An annual conference for young girls to attend to be given keys for a healthy self-esteem and to know they have a purpose.</li> <li>• Promoted to the aboriginal community.</li> <li>• A counselling service registered with Families SA</li> <li>• School programme delivery life skills.</li> </ul> <p><input checked="" type="checkbox"/> There are no relevant attachments.    <input type="checkbox"/> There are relevant attachments and the following documents are attached:</p> <ol style="list-style-type: none"> <li>1. Registration form.</li> <li>2. Budget 2017.</li> </ol>
<b>Which category best describes your project/event?</b> <i>(please check all that apply)</i>	
Health	<input checked="" type="checkbox"/>
Establishment of a new group	<input type="checkbox"/>
Education and Training	<input checked="" type="checkbox"/>
Culture / Arts	<input type="checkbox"/>
Sport / Recreation	<input type="checkbox"/>
Environment	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Youth	<input checked="" type="checkbox"/>
Crime Prevention	<input type="checkbox"/>
Aged	<input type="checkbox"/>

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

Project/Event Details		
<b>Previous Community Grants Program Funding</b>		
Has your Organisation previously received a Community Grant? <i>(If Yes - when, amount granted and what the grant was for:)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <i>(go to Group/Organisation Information)</i>
When was the Grant funding received (month & year):	August 2016.	
What amount of Grant funding was provided:	\$ 2,000.00.	
When was the previous Grant acquitted (month & year):	November 2016.	
<b>Group/Organisation Information</b>		
Group/Organisation Name	Providence	
Group/Organisation Description	Self-esteem building conference	
Group/Organisation Registered Address	Number/Street: 61 Baloo street Suburb: Ingle Farm Postcode: 5098	
Is the Club Incorporated?	Yes	
Number of Members	7	
% of Membership that reside in the City of Salisbury	90%.	
<b>Project/Event Details</b>		
Project/Event Name	Providence	
Project/Event Summary	Conference with 200+ females 8-18yrs	
Date(s) of Project/Event	Wednesday 04/10/17 - Friday 06/10/17	
Location of Project/Event:	Number/Street: 61 Baloo street Suburb: Ingle Farm Postcode: 5098	
How will the Project/Event benefit the residents of the City of Salisbury?	it is created to instil confidence to young girls, creating better relationships in their family and community	
How many individuals will benefit from the Project/Event?	over 200 girls aged 8-18 years	
% of project/event participants that reside in the City of Salisbury	80%.	
If it is an Event, is it open to the public?	Yes	
How will the Project/Event be promoted?	Registration forms, guest speakers, posters, flyers to schools, churches, relevant community organisations.	

for girls

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





### Project or Event Scope

Provide a description of the proposed project or event:

- An annual conference for young girls to attend to be given keys for a healthy self-esteem and to know they have a purpose in life.
- Promoted to the aboriginal community
- A counselling service registered with Families SA for access to resources and counselling for health issues and addictive behaviour.
- School programme delivery life skills and keys to live with purpose.

### 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. Registration forms x2
  - 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:

- Girls are encouraged to live confidently and empowered to fulfil their dreams and influence the world around them.
- Encouraged to deal with anxiety and depression
- Self-esteem counselling

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

Community Grant Application - Page 10 of 13

**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.

- Temple Christian College - Paralowie campus
- Tyndale Christian School
- Torrens Valley School
- Salisbury East Public School

**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)

- Annual event that builds confidence within the Salisbury community
- Offer young girls a conference to attend to be encouraged and strengthened.

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



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 Providence Chick (Group/Organisation)

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

Sharon Coleman - wife, Board Member

(Signature 1) [Signature] (Signature 2) [Signature]

(Date) 23/08/17 (Date) 23/08/17

Contact (phone number): [REDACTED] Contact (phone number): [REDACTED]

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

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



## 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
As an <b>individual</b> without a reasonable expectation of profit or gain	<input type="checkbox"/>	<input checked="" 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.

Providence Chick  
(Group/Organisation)

Esther / Administrator  
(Name/Position)

*[Signature]*  
(Signature)

23/08/17  
(Date)

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

Community Grant Application - Page 13 of 13





## Trolley

Sorted by: category [change](#) 721 items [remove all](#)

Bread & Bakery	
Coles Bakery <b>Buttermilk Scones 6 Pack</b>	12 for \$54.00 ▼
Coles Bakery <b>Chocolate Mud Scones 4 pack</b>	12 for \$54.00 ▼
Coles <b>High Fibre White Sandwich Bread 700g</b>	2 for \$4.00 ▼
Coles Bakery <b>Mini Choc Mud Cupcakes 12 Pack 260g</b>	20 for \$80.00 ▼
Coles Bakery <b>Mini Rainbow Cupcakes 12 Pack 180g</b>	20 for \$80.00 ▼
Coles Bakery <b>Round Crusty Rolls 6 pack</b>	20 for \$36.00 ▼
Coles Bakery <b>Soft Round Rolls 12 pack</b>	13 for \$45.50 ▼
Coles Bakery <b>Sultana Scones 6 pack</b>	12 for \$55.20 ▼

Coles <b>White Sandwich Bread</b> 650g	<b>20 for \$17.00</b>	▼
Coles <b>White Soft Wraps 8 pack</b> 416g	<b>20 for \$45.00</b>	▼
<b>Dairy, Eggs &amp; Meals</b>		
Coles Smart Buy <b>Processed Cheese Slices</b> <b>Individually Wrapped 24</b> pack 500g	<b>9 for \$27.00</b>	▼
Coles <b>Thickened Cream 600mL</b>	<b>20 for \$52.80</b>	▼
<b>Drinks</b>		
Coles <b>Double Concentrate Fruit</b> <b>Cup Cordial 1L</b>	<b>12 for \$30.00</b>	▼
Coles <b>Lemon Cordial Double</b> <b>Concentrate 1L</b>	<b>12 for \$30.00</b>	▼
<b>Frozen</b>		
Coles <b>Vegetable Cocktail Frozen</b> <b>Spring Rolls 60 pack 1kg</b>	<b>14 for \$70.00</b>	▼

Frozen Foods	
Coles <b>Apple Blackberry &amp; Custard                      Frozen Strudel 600g</b>	7 for \$24.50
On The Menu <b>Beef Lasagne Frozen Meal                      2kg</b>	20 for \$190.00
On The Menu <b>Beef Lasagne Frozen Meal                      1kg</b>	20 for \$120.00
Patties <b>Combo Frozen Party Pie &amp;                      Sausage Rolls 40 pack 1kg</b>	20 for \$297.00
Coles <b>Cookies &amp; Cream Frozen                      Cheesecake 450g</b>	5 for \$15.00
McCain <b>Family BBQ Meatlovers                      Frozen Pizza 500g</b>	20 for \$143.00
Coles <b>French Frozen Cheesecake                      450g</b>	5 for \$15.00
<b>\$</b> Nanna's <b>Frozen Apple Crumble                      550g</b>	5 for \$14.95

Coles Simply Gluten Free Frozen Apple Pie 2 pack	5 for \$35.00	▼
Coles Frozen Party Pack 30 pack 1.25kg	20 for \$160.00	▼
Coles Smart Buy Frozen Party Pies 24 Pack 1.1kg	20 for \$100.00	▼
Coles Margherita Pizza 470g	20 for \$60.00	▼
Coles Sausage Rolls 1kg	20 for \$100.00	▼
<b>Fruit &amp; Vegetables</b>		
Coles Baby Leaf Blend Salad Leaves Prepacked 300g	8 for \$40.00	▼
Coles Bananas	20 for \$10.80	▼
Coles Celery Sticks Prepacked 300g	4 for \$12.00	▼
Coles Coleslaw Salad Prepacked	5 for \$35.00	▼

Coles <b>Continental Cucumber</b>	<b>12 for \$30.00</b>	▼
Coles <b>Field Tomatoes</b>	<b>20 for \$6.38</b>	▼
Coles <b>Iceberg Lettuce Bagged</b>	Temporarily unavailable	
Coles <b>Kanzi Apples</b>	Temporarily unavailable	
Coles <b>Kids Pack Mandarins 700g</b>	<b>12 for \$42.00</b>	▼
Coles <b>Navel Oranges 3kg</b>	<b>12 for \$70.80</b>	▼
Coles <b>Pink Lady Apples</b>	<b>20 for \$13.20</b>	▼
Coles <b>Rockmelon Whole</b>	<b>3 for \$9.00</b>	▼
Coles <b>Roma Tomatoes</b>	<b>20 for \$13.80</b>	▼
Coles <b>Seedless Watermelon Whole</b>	<b>3 for \$33.75</b>	▼

<b>Household</b>	
Coles Smart Buy 1 Ply Serviettes 100 pack	5 for \$4.75 ▼
Cook & Dine White Plastic Bowl 50 pack	10 for \$50.00 ▼
<b>Meat, Seafood &amp; Deli</b>	
Coles Dip Cheese & Chive 200g	1 for \$2.00 ▼
Coles French Onion Dip 200g	1 for \$2.00 ▼
<b>\$</b> Hedy?s Leek Bacon Quiche 1.1kg	12 for \$120.00 ▼
On special	You save \$42.00 ✓
Don Shaved Chicken 250g	14 for \$56.00 ▼
Coles Sliced Meat English Ham 400g	5 for \$25.00 ▼
Don Sliced Mild Salami 50% Less Fat 100g	10 for \$40.00 ▼

<b>\$</b>	
Hedy's <b>Spinach &amp; Parmesan Quiche 1.1kg</b>	12 for \$120.00 ▼
<b>On special</b>	You save \$42.00 ✓
Coles <b>Sun Dried Tomato Dip 200g</b>	1 for \$2.00 ▼
Coles <b>Tzatziki Dip 200g</b>	1 for \$2.00 ▼
<b>Pantry</b>	
Coles <b>50% Strawberry Jam 500g</b>	7 for \$17.50 ▼
Coles <b>Apricot Jam 500g</b>	7 for \$17.50 ▼
<b>\$</b>	
Fountain <b>BBQ Sauce 2L</b>	2 for \$10.80 ▼
<b>On special</b>	You save \$2.40 ✓
<b>\$</b>	
French's <b>Classic Yellow Mustard 226g</b>	4 for \$8.00 ▼
<b>On special</b>	You save \$3.68 ✓

Coles <b>Original Water Crackers</b> 125g	5 for \$4.75	▼
<b>(\$)</b>		
Fountain <b>Tomato Sauce 2L</b>	2 for \$10.80	▼
<b>On special</b>	You save \$2.40	✓
Praise <b>Whole Egg Mayonnaise</b> 670g	4 for \$24.00	▼
<b>Winter Warmers</b>		
Coles <b>Carrots Prepacked 1kg</b>	4 for \$6.40	▼
Patties <b>Frozen Party Pack 30 pack</b> 1.25kg	20 for \$297.00	▼
Coles <b>Frozen Party Sausage Rolls</b> 12 pack 500g	20 for \$80.00	▼
Nestle <b>Milo 1.25kg</b>	2 for \$33.00	▼
<b>Proceed to check out</b>		<b>\$3,205.18</b> You've saved \$110.48



I give permission for Providence authorised staff, volunteers or life appointed person(s) to obtain emergency medical, hospital or ambulance services at any time they consider necessary. I understand that effort will be made for the emergency contact to be notified before instituting such procedures. I acknowledge that I will be liable for any medical, hospital, ambulance expenses incurred in the case of treatment of my child. I understand that while reasonable precautions will be taken to ensure the protection of my child, I hereby release and hold blameless Providence authorised staff, volunteers or Life from any and all liability in the event of an injury, accident or misfortune, damage or loss that may occur to my child and their property while present at Providence Conference, within the conference premises and programme.

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Select Registration Type:**

Full registration: \$25  
 Thursday Only: \$15

**Please Select Payment Method:**

Cash  Eftpos  Visa  Mastercard   
 Cheque/Money Order - payable to LIFE

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

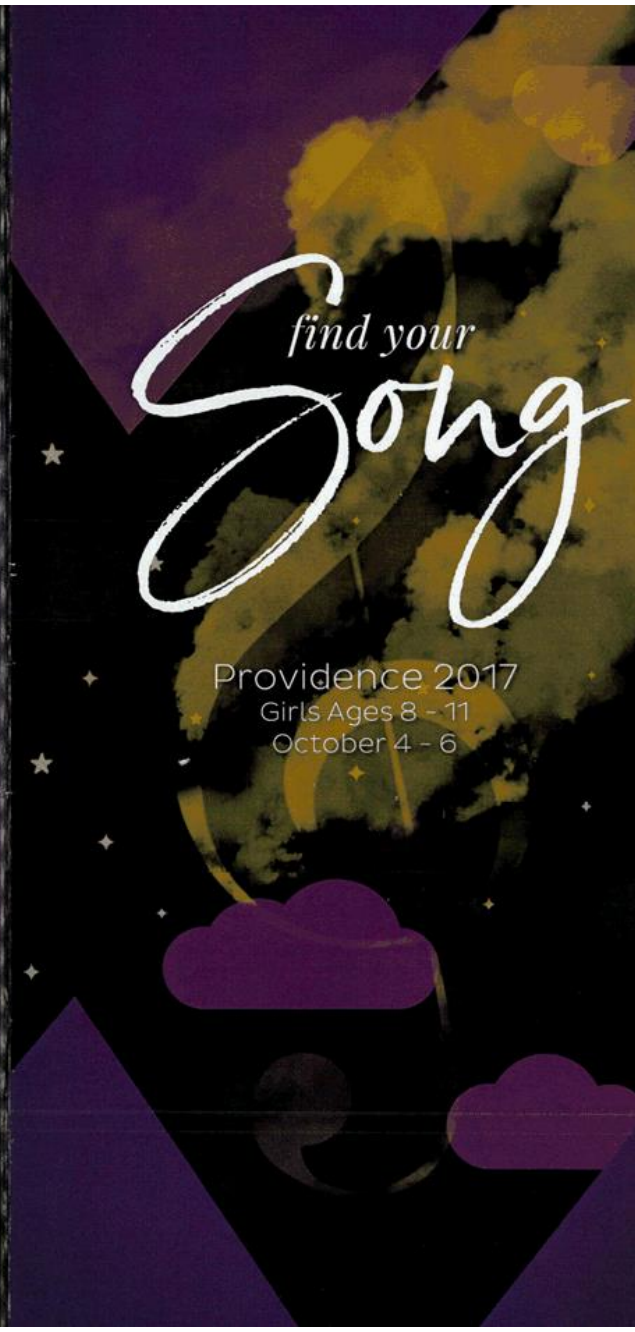
CVV: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Contact number of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

*find your Song*



Item 7.2.4 - Attachment 1 - 20/2017: Providence Chick [World Harvest Christian Centre Inc.] - Application

# Providence 2017

To register and pay by credit card online go to [www.trybooking.com/PXVB](http://www.trybooking.com/PXVB)

Fill out Providence Registration Form, Medical Information and Photo Consent, attach and send to below address via person, mail or email.

**LIFE**  
PO Box 52  
Ingle Farm SA 5098

**Contact:**  
0403 859 513  
0433 240 443

**Website:**  
[www.providencechick.com](http://www.providencechick.com)

**Email:**  
[providence@liffeatlife.com](mailto:providence@liffeatlife.com)

## Opening Night

**Wednesday Oct 4**

5:30pm Registration  
6:45pm Doors Open  
9:00pm Pickup

**Thursday Oct 5**

9:00am Doors Open  
9:30am Session 2  
11:30am Morning Tea  
12:15pm Funshops  
1:30pm Lunch  
2:30pm Q&A  
3:30pm Activity  
4:30pm Pick up

# Registration

**Personal Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**Please select age group:**

8      9      10      11      12+      Leader

**Emergency Contact**

Name of emergency contact: \_\_\_\_\_  
Relationship to registrant: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please confirm you are over 18 years of age - Yes      No

**Photograph Consent**

I consent to my child being photographed during 2017 Providence Conference, either individually or in a group, taken by Providence authorised photographers or Life appointed person(s) for marketing and promotional purposes. I understand that this doesn't commit me to purchase any photographs which might be taken of my child.

Authorised Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Personal medical information for registrant**

Do you have any allergies?  
Yes      No

If yes, give details: \_\_\_\_\_

Please state other medical or dietary requirement details: \_\_\_\_\_



I give permission for Providence authorised staff, volunteers or life appointed person(s) to obtain emergency medical, hospital or ambulance services at any time they consider necessary. I understand that effort will be made for the emergency contact to be notified before instituting such procedures. I acknowledge that I will be liable for any medical, hospital, ambulance expenses incurred in the case of treatment of my child. I understand that while reasonable precautions will be taken to ensure the protection of my child; I hereby release and hold blameless Providence authorised staff, volunteers or Life from any and all liability in the event of an injury, accident or misfortune, damage or loss that may occur to my child and their property while present at Providence Conference, within the conference premises and programme.

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Select Registration Type:**

Full registration: \$60  
One Day Only: \$25

**Please Select Payment Method:**

Cash      Eftpos      Visa      Mastercard  
Cheque/Money Order - payable to LIFE

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

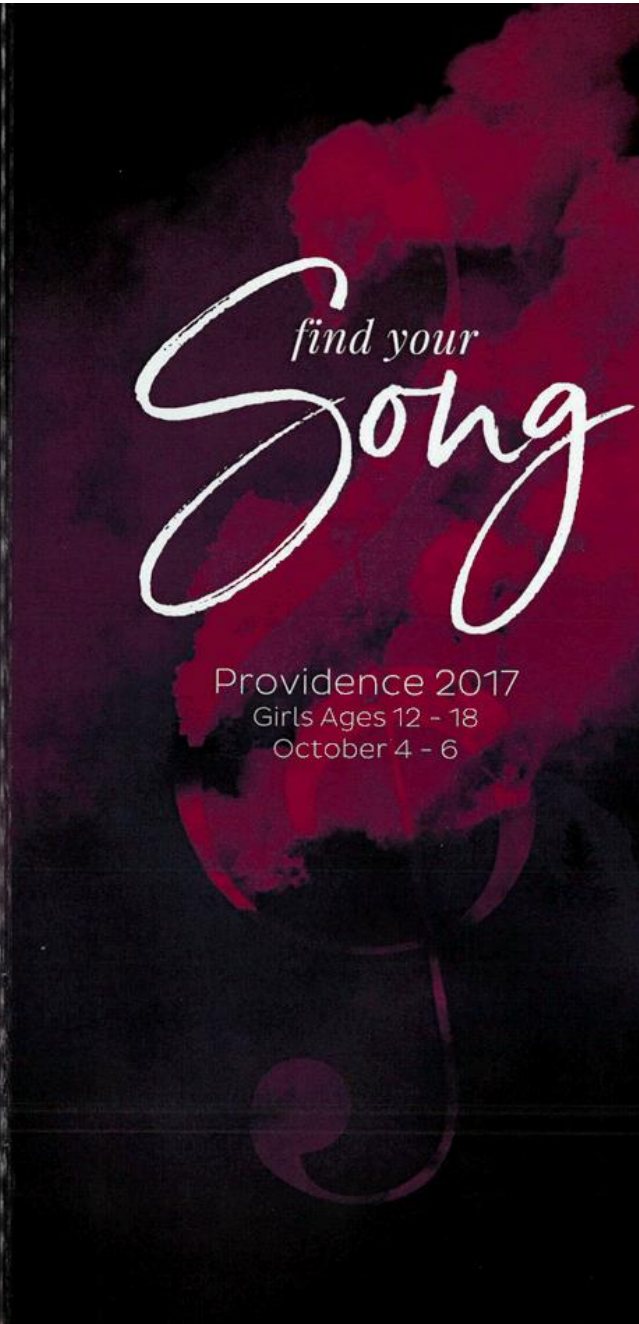
Expiry Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Contact number of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_



# Providence 2017

To register and pay by credit card online go to [www.trybooking.com/PXVB](http://www.trybooking.com/PXVB)  
 or fill out Providence Registration form, Medical Information and Photo consent, attach and send to below address via person, mail or email.

Venue: LIFE  
61 Baloo Street  
INGLE FARM

Contact:  
0403 859 513  
0433 240 443

PO Box 52  
Ingle Farm SA 5098

providence@lifeatlife.com      www.providencechick.com

## Wednesday Oct 4

Parents and friends are invited to experience this night of creativity and wonder!

5:30pm	Registrations
6:45pm	Doors Open
9:00pm	Pickup

## Thursday Oct 5

9:00am	Doors Open
10:30am	Session 2
11:30am	Morning Tea
12:15pm	Electives
1:30pm	Lunch
2:30pm	Fun!
3:30pm	Tea
4:30pm	Session 3
5:30pm	Supper

## Friday Oct 6

9:00am	Doors Open
9:30am	Session 4
11:30am	Morning Tea
12:15pm	Electives
1:30pm	Lunch
2:30pm	Q&A
5:30pm	Tea
6:30pm	Session 5
8:30pm	Supper

# Registration

**Personal Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

**Please select age group:**

12    13    14    15    16    17    18    19+    Leader

**Emergency Contact**

Name of emergency contact: \_\_\_\_\_  
 Relationship to registrant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Please confirm you are over 18 years of age - Yes  No

**Photograph Consent**

I consent to my child being photographed during 2017 Providence Conference, either individually or in a group taken by Providence authorised photographers or their appointed person(s) for marketing and promotional purposes. I understand that this doesn't commit me to purchase any photographs which might be taken of my child.

Authorised Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Personal medical information for registrant**

Do you have any allergies? Yes  No

If yes, give details: \_\_\_\_\_

Please state other medical or dietary requirement details: \_\_\_\_\_

---

<b>ITEM</b>	7.2.5
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	21/2017: Australian Refugee Association Inc. - Community Grants Program Application
<b>AUTHOR</b>	Bronwyn Hatswell, PA to General Manager, Community Development
<b>CITY PLAN LINKS</b>	3.2 Have interesting places where people want to be. 3.3 Be a connected city where all people have opportunities to participate. 4.3 Have robust processes that support consistent service delivery and informed decision making.
<b>SUMMARY</b>	The Australian Refugee Association Inc. Community Grants Program Application is submitted to the Sport, Recreation and Grants Committee for information.

## RECOMMENDATION

1. The information be received and noted.

## ATTACHMENTS

This document should be read in conjunction with the following attachments:

1. 21/2017: Australian Refugee Association Inc. - Application

## 1. BACKGROUND

- 1.1 The Australian Refugee Association Inc. Application was received for the October 2017 round of Community Grants Program funding and upon assessment is deemed ineligible.
- 1.2 The Australian Refugee Association Inc. received \$2,000 Community Grants Program funding in November 2015 for vouchers, uniforms and text books.

## 2. REPORT

- 2.1 The Australian Refugee Association Inc. Application has been assessed against the Community Grants Program Guidelines and Eligibility Criteria clause 8. *Eligibility to Apply*. The Application is deemed **ineligible** as the organisation is in receipt of Local and Federal Government funding for this project:

### *Non-Eligible Organisations*

- 8.2. Funding will not be considered for the following:
  - Organisations receiving Local, State or Federal Government funding either directly or indirectly via a third party for the same purpose.



2.2 Communication has been sent to the Australian Refugee Association Inc. to encourage the submission of a new application for a future event or project providing it meets the Guidelines and Eligibility Criteria.

**3. CONCLUSION / PROPOSAL**

3.1 The Australian Refugee Association Inc. Application is submitted for information as per clause 11.6 of the Community Grants Program Guidelines and Eligibility Criteria:

*Applications received that are identified ineligible against the funding guidelines are submitted to the Sport, Recreation and Grants Committee for information. A copy of the application and any other relevant document(s) is presented to the Sport, Recreation and Grants Committee in its entirety as an attachment to the Committee Report as outlined in paragraph 11.4.*

**CO-ORDINATION**

Officer: EXECUTIVE GROUP  
Date: 03/10/2017





# 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 Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15<sup>th</sup> of February will be assessed at the March Meeting).

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



*live it up*

Application Eligibility Checklist		
Is the Funding For:	Yes	No
• Money already spent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Salaries (initial or ongoing)? <i>Payment of facilitator or contractor engaged specifically to deliver program / activity under the grant may be considered</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Recurrent administration costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Capital development (e.g. renovations or building changes that will be permanently part of the structure)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Upgrading facilities which belong to Local, State or Commonwealth Governments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Application from Public / Private Schools?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• An organisation trading as a sole trader/individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• A group that is a non-incorporated body and does not have a parent incorporated body or is not endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not-for-profits Commission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have previously received funding and <b>NOT</b> fulfilled reporting obligations, including provision of post event evaluation/report and financial acquittal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have received Community Grants Program funding from the City of Salisbury within the past twelve (12) months.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Community Grant Application - Page 2 of 13

<b>Applicant Organisation Information</b>			
<b>1. GROUP / ORGANISATION DETAILS</b>			
Name:	Australian Refugee Association Inc		
Address:	304 Henley Beach Road		
Suburb:	Underdale SA Postcode: 5032		
<b>2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)</b>			
Name:	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Karen Kretschmer		
Title (your role with the group/organisation):	Manager		
Address:	304 Henley Beach Road, Underdale SA 5032		
Phone:	Landline: 08 8354 2951 Mobile:		
Email:	karen.kretschmer@ausref.net		
<b>3. COMMUNITY GRANT RESPONSIBILITY</b>			
Name of Person Responsible for the Grant:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Nicolette Fluris		
Title (role with the group/organisation):	Case Manager		
<b>4. GROUP / ORGANISATION MANAGEMENT DETAILS</b>			
How is your group/organisation managed:			
<b>Is your organisation:</b>			
a) Incorporated:	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input checked="" type="checkbox"/>            (go to question c)         </td> <td style="text-align: center;"> <b>No</b>  <input type="checkbox"/>            (go to question b)         </td> </tr> </table>	<b>Yes</b> <input checked="" type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question b)
<b>Yes</b> <input checked="" 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>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input type="checkbox"/>            (go to question c)         </td> <td style="text-align: center;"> <b>No</b>  <input type="checkbox"/>            (go to question c)         </td> </tr> </table>	<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question c)
<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question c)		
<b>Parent Organisation</b>			
Name:			
ASIC Registration Number:			

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

Community Grant Application - Page 3 of 13

Organisation Information (continued)		
c) Community/Non-Profit:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is your organisation endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not- for-profits Commission?	Yes <input checked="" type="checkbox"/> <small>(evidence must be attached to this application)</small>	No <input type="checkbox"/>
d) Government Funded: <small>(if Yes, please list funding source/s and purpose in part e &amp; f)</small>	Yes <input checked="" type="checkbox"/>  <small>(go to question e &amp; f)</small>	No <input type="checkbox"/>
e) Funding source/s:	Federal Department of Social Services & State DCSI	
f) Purpose:	Settlement Grants Program, Emergency Relief & various projects	
g) Other (please specify): City of Marion - \$1500, City of Mitcham - \$2000 City of Port Adelaide Enfield - \$5000 City of West Torrens \$5000	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>5. BANKING INFORMATION</b>		
<i>Your organisation must have its own Bank/Credit Union Account or similar</i>		
Full Account Name: Australian Refugee Association Inc  <i>*do not provide account or BSB numbers*</i>	Financial Institution Name: [REDACTED]	Branch Location: [REDACTED]
<b>6. REFEREE INFORMATION</b>		
<i>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)</i>		
Referee's Name:	Lloyd Cook - Portside Office National	
Referee's Contact Information:	[REDACTED]	

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

Community Grant Application - Page 4 of 13

<b>GST Declaration</b>		
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 <small>(If Yes - Please Quote ABN:)</small>  78 904 324 535 <small>(If No, the ABN Declaration Form attached must be signed)</small>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is your group/organisation registered for GST	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>NB: GST Registration</b> <i>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.</i>		

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

Community Grant Application - Page 5 of 13

Project/Event Budget Information	
Will the project or event generate income (e.g. ticket sales, entry fee etc.)?	Yes <input type="checkbox"/> <span style="margin-left: 100px;">No <input checked="" type="checkbox"/></span>
<i>If Yes, provide details:</i>	
<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: <i>(please specify the source and amount of funding requested)</i>	\$
<b>TOTAL (including GST):</b>	<b>\$</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>	<b>\$ 3000</b>

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

Community Grant Application - Page 6 of 13

Summary of Project/Event Information	
Is the funding for: <i>(please tick which is applicable)</i>	<input type="checkbox"/> Event <input checked="" type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> New Group
Name of Project/Event Requiring Funding	Refugee Scholarship Program
Date(s) of Project/Event <i>(if ongoing please state "ongoing")</i>	January 2018 - December 2018
Total cost of Project/Event	\$ 3000
Amount of Community Grant Funding Requested	\$ 2500
Is there any other information that you may feel is relevant to your application?	
<input checked="" type="checkbox"/> There are no relevant attachments.	<input type="checkbox"/> There are relevant attachments and the following documents are attached: 1. 2.
<b>Which category best describes your project/event?</b> <i>(please check all that apply)</i>	
Health	<input type="checkbox"/>
Establishment of a new group	<input type="checkbox"/>
Education and Training	<input checked="" type="checkbox"/>
Culture / Arts	<input type="checkbox"/>
Sport / Recreation	<input type="checkbox"/>
Environment	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Youth	<input checked="" type="checkbox"/>
Crime Prevention	<input type="checkbox"/>
Aged	<input type="checkbox"/>

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

Community Grant Application - Page 7 of 13



Project/Event Details		
<b>Previous Community Grants Program Funding</b>		
Has your Organisation previously received a Community Grant? <i>(If Yes – when, amount granted and what the grant was for:)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <i>(go to Group/Organisation Information)</i>
When was the Grant funding received (month & year):	9.11.2015	
What amount of Grant funding was provided:	\$ 2000	
When was the previous Grant acquitted (month & year):	10.11.2016	
<b>Group/Organisation Information</b>		
Group/Organisation Name	Australian Refugee Association Inc	
Group/Organisation Description	Non government, Nort for profit, Community Services Org	
Group/Organisation Registered Address	Number/Street: 304 Henley Beach Road Suburb: Underdale Postcode: 5032	
Is the Club Incorporated?	Yes	
Number of Members	2200	
% of Membership that reside in the City of Salisbury	30% of clients reside in the council zone	
<b>Project/Event Details</b>		
Project/Event Name	Refugee Scholarship program	
Project/Event Summary	Up to \$100 scholarships for individuals to contribute to the cost of uniforms, text books & other study related equipment	
Date(s) of Project/Event	January 2018 - November 2018	
Location of Project/Event:	Number/Street: 11 Brown Terrace Suburb: Salisbury Postcode: 5108	
How will the Project/Event benefit the residents of the City of Salisbury?	Up to 25 resident students from refugee background will gain eventual access into employment market providing greater financial spending capcity and automony to assist to become responsible social citizens	
How many individuals will benefit from the Project/Event?	Minimum of 25 residents will receive up to \$100 scholarship p/person	
% of project/event participants that reside in the City of Salisbury	100%	
If it is an Event, is it open to the public?	Not applicable	
How will the Project/Event be promoted?	ARA will use existing relationships with various African, Afghan, Bhutanese, Syrian, Iraqi and Burmese community leaders to promote the scholarship project to community members. ARA staff will promote the project to existing and new clients who access ARA's services. ARA will also promote the scholarship project media promotion.	

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

Community Grant Application - Page 8 of 13



### Project or Event Scope

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

The Australian Refugee Association Inc (ARA) will provide educational scholarships for clients from refugee backgrounds to contribute towards the costs of school uniforms, text books or other study related equipment (not course fees). Scholarships will be capped up to \$100 per recipient to enable students to secure their educational opportunities within schools, TAFE, or University institutions.

ARA will administer the scholarship funds and allocate these to students living in the city of Salisbury council zones. ARA will liaise with the various educational institutions and make direct payments to the institutions for the associated study costs or reimbursement with a signed expenditure statement verifying the education purchase. Each scholarship recipient will be registered with ARA as a client and will also be provided with additional casework support services, homework club brochures and a range of other programs to assist recipients to achieve their settlement goals.

#### 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:*

Students from refugee backgrounds have had limited or no formal education. Students are required to simultaneously learn a new language and undertake curriculum studies within a foreign and challenging structured environment with limited financial means due to initial reliance on Centrelink payments. Having access to scholarship funds can greatly assist with study related expenses and increase participation in educational opportunities which enables greater skills development and facilitates diverse career pathways, ultimately leading to meaningful future employment within the marketplace.

Gainful employment will lead to a beneficial flow on effect for local retail traders and services within the council location as residents will have greater financial autonomy and spending capacity. Greater autonomy will also assist residents becoming responsible social citizens via increased community participation.

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

Community Grant Application - Page 10 of 13

<b>Support for the Project or Event</b>
<p><b>Demonstrate how the proposed project or event is supported by residents of the City of Salisbury and/or the wider community:</b> (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.</p> <p>There are large populations of diverse and newly arrived community groups from refugee background living in the Salisbury zone. Consultations have been held with with Bhutanese Australian Association of SA, Burmese Community, Association of Burundian Community, and the Iraqi Community. These communities are in support of the need for scholarship opportunities to enable members to access and fully participate in available educational opportunities.</p> <p>Newly arrived communities place an extremely high value on education, particularly as many communities were denied access in their countries of origin or host countries. Diverse communities further acknowledge that it is only through gaining higher educational attainments, TAFE and university qualifications, can communities gain meaningful employment and economic autonomy to assist to achieve their settlement aspirations, including purchasing a home and adequately providing for their children's future.</p> <p><b>Attachments</b></p> <p><input checked="" type="checkbox"/> There are no attachments relating to Support for the Project or Event.</p> <p><input type="checkbox"/> The following documents are attached relating to Support for the Project or Event:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

<b>Project or Event Management</b>
<p><u><b>Ongoing Projects or Events</b></u></p> <p><i>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)</i></p> <p><u><b>One-off Projects or Events</b></u></p> <p><i>Describe how the proposed project or event will be managed: (outline how you will achieve outcomes for the project or activity)</i></p> <p>Whilst ARA receives funding from the Federal Department of Social Services and Department of Communities and Social Inclusion to provide a range of programs and services to clients from refugee backgrounds, there is no funding provision to assist clients with the cost of study related materials. As such, there is a current gap in service provision to provide small scale financial assistance to enable students to fully participate in educational opportunities.</p> <p>ARA receive scholarship funding from City of Mitcham, City of Marion, City of West Torrens and the City of Port Adelaide Enfield to support small scale scholarships. ARA will continue to seek funding opportunities annually from these Local governments and additional philanthropic avenues to provide small scale scholarships to support the educational aspirations of diverse populations from refugee background.</p>

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

Community Grant Application - Page 11 of 13



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.

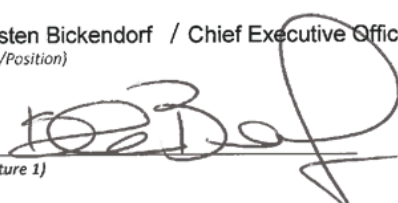
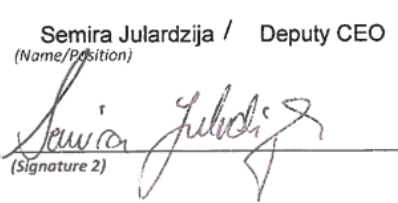
I acknowledge that the information provided in this application is true and correct.

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 Australian Refugee Association Inc. (Group/Organisation)

<p>Kirsten Bickendorf / Chief Executive Officer and <small>(Name/Position)</small></p> <p style="text-align: center;"> <small>(Signature 1)</small></p> <p style="text-align: center;">22/8/17 <small>(Date)</small></p> <p>Contact (phone number): <span style="background-color: black; color: black;">[REDACTED]</span></p>	<p>Semira Julardzija / Deputy CEO <small>(Name/Position)</small></p> <p style="text-align: center;"> <small>(Signature 2)</small></p> <p style="text-align: center;">22/8/2017 <small>(Date)</small></p> <p>Contact (phone number): <span style="background-color: black; color: black;">[REDACTED]</span></p>
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Both signatories will be contacted to verify the application - a contact phone number must be provided for each. Your application will not be submitted for consideration until contact and verification has occurred, **no exception.**

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



## 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	<input type="checkbox"/>	<input type="checkbox"/>
As an <b>individual</b> without a reasonable expectation of profit or gain	<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.

\_\_\_\_\_  
(Group/Organisation)

\_\_\_\_\_  
(Name/Position)

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

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

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

Community Grant Application - Page 13 of 13







Australian  
Charities and  
Not-for-profits  
Commission

THIS CERTIFIES THAT

**Australian Refugee Association Inc**

ABN:78 904 324 535

IS A REGISTERED CHARITY  
AND HAS BEEN TRANSFERRED FROM THE

**Australian Taxation Office**

TO THE

**Australian Charities and Not-for-profits Commission**

ON THE DATE OF  
**3 December 2012**

CERTIFIED BY

A handwritten signature in cursive script that reads "Susan Pascoe".

**Susan Pascoe AM**  
Commissioner  
Australian Charities and Not-for-profits Commission

Copy only. Original available on request



**Australian Refugee Association Inc**

304 Henley Beach Road  
 UNDERDALE SA 5032

ABN : 78 904 324 535

BSB No: 105 116

Acc No: 428270440

City of Salisbury  
 PO Box 8,  
 Salisbury SA 5108



**Quote**

Invoice #: 00003031  
 Date: 27/08/2017  
 Ship Via:  
 Order No:

Description	Amount	Code
Scholarship Funding for Refugees living or studying in the Salisbury Council	\$2,750.00	GST

<b>Comments:</b>	<b>Freight:</b>	\$0.00	GST
	<b>GST:</b>	\$250.00	
	<b>Total Inc GST:</b>	\$2,750.00	
	<b>Amount Applied:</b>	\$0.00	
	<b>Balance Due:</b>	\$2,750.00	

----- Remittance Advice - Please return with payment -----



City of Salisbury  
 PO Box 8,  
 Salisbury SA 5108

Australian Refugee Association Inc  
 304 Henley Beach Road  
 Underdale SA 5032

Invoice #: 00003031  
 Date: 27/08/2015  
 Balance Due: \$2,750.00



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<b>ITEM</b>	7.2.6
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	24/2017: Uniting In Care Salisbury Inc. - Community Grants Program Application
<b>AUTHOR</b>	Bronwyn Hatswell, PA to General Manager, Community Development
<b>CITY PLAN LINKS</b>	3.2 Have interesting places where people want to be. 3.3 Be a connected city where all people have opportunities to participate. 4.3 Have robust processes that support consistent service delivery and informed decision making.
<b>SUMMARY</b>	The Uniting In Care Salisbury Inc. Application is submitted for consideration by the Sport, Recreation and Grants Committee.

#### **RECOMMENDATION**

1. It be noted that, in accordance with delegated powers set out in the endorsed Terms of Reference, the Sport, Recreation and Grants Committee assessed and allocated funding for the October 2017 round of Community Grants as follows:
  - a. Grant No. 24/2017: Uniting In Care Salisbury Inc. be awarded the amount of **\$2,500.00** to assist with the purchase of \$20 Essential Cards for the 2017 Parcel of Love project as outlined in the Community Grant Application and additional information.

#### **ATTACHMENTS**

This document should be read in conjunction with the following attachments:

1. 24/2017: Uniting In Care Salisbury Inc. - Application
2. 24/2017: Uniting In Care Salisbury Inc. - Additional Information

#### **1. BACKGROUND**

- 1.1 Uniting In Care Salisbury Inc. received \$2,000 Community Grant funding in October 2016 to assist with the purchase of \$10 Essential Cards for their Parcel of Love project.

#### **2. REPORT**

- 2.1 The Uniting In Care Salisbury Inc. Application meets the eligibility criteria for funding consideration for the upper limit Community Grants Program funding.

**3. CONCLUSION / PROPOSAL**

- 3.1 The Uniting In Care Salisbury Inc. Application is submitted for consideration by the Sport, Recreation and Grants Committee.

**CO-ORDINATION**

Officer: GMCD  
Date: 03/10/2017





# 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 Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15<sup>th</sup> of February will be assessed at the March Meeting).

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



*live it up*

Application Eligibility Checklist		
Is the Funding For:	Yes	No
• Money already spent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Salaries (initial or ongoing)? <i>Payment of facilitator or contractor engaged specifically to deliver program / activity under the grant may be considered</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Recurrent administration costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Capital development (e.g. renovations or building changes that will be permanently part of the structure)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Upgrading facilities which belong to Local, State or Commonwealth Governments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Application from Public / Private Schools?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• An organisation trading as a sole trader/individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• A group that is a non-incorporated body and does not have a parent incorporated body or is not endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not-for-profits Commission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have previously received funding and <b>NOT</b> fulfilled reporting obligations, including provision of post event evaluation/report and financial acquittal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have received Community Grants Program funding from the City of Salisbury within the past twelve (12) months.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Community Grant Application - Page 2 of 13

<b>Applicant Organisation Information</b>			
<b>1. GROUP / ORGANISATION DETAILS</b>			
Name:	<b>UNITING IN CARE SALISBURY, INCORPORATED</b>		
Address:	<b>59-61 PARK TCE,</b>		
Suburb:	<b>SALISBURY</b> Postcode: <b>5108</b>		
<b>2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)</b>			
Name:	Mrs <input checked="" type="checkbox"/> <b>AURORA GALE</b>		
Title (your role with the group/organisation):	<b>SECRETARY</b>		
Address:	[REDACTED]		
Phone:	Landline: Mobile: [REDACTED]		
Email:	[REDACTED]		
<b>3. COMMUNITY GRANT RESPONSIBILITY</b>			
Name of Person Responsible for the Grant:	<i>Other:</i> <b>DES BROWN</b>		
Title (role with the group/organisation):	<b>TREASURER</b>		
<b>4. GROUP / ORGANISATION MANAGEMENT DETAILS</b>			
How is your group/organisation managed:	<b>BY OUR COMMITTEE</b>		
<b>Is your organisation:</b>			
a) Incorporated:	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input checked="" type="checkbox"/>            (go to question c)         </td> <td style="text-align: center;"> <b>No</b>  <input type="checkbox"/>            (go to question b)         </td> </tr> </table>	<b>Yes</b> <input checked="" type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question b)
<b>Yes</b> <input checked="" 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>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input type="checkbox"/>            (go to question c)         </td> <td style="text-align: center;"> <b>No</b>  <input checked="" type="checkbox"/>            (go to question c)         </td> </tr> </table>	<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input checked="" type="checkbox"/> (go to question c)
<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input checked="" type="checkbox"/> (go to question c)		
<b>Parent Organisation</b>			
Name:			
ASIC Registration Number:			

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

Organisation Information (continued)		
c) Community/Non-Profit:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is your organisation endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not- for-profits Commission?	Yes <input type="checkbox"/> <small>(evidence must be attached to this application)</small>	No <input checked="" type="checkbox"/>
d) Government Funded: <small>(If Yes, please list funding source/s and purpose in part e &amp; f)</small>	Yes <input checked="" type="checkbox"/>  <small>(go to question e &amp; f)</small>	No <input type="checkbox"/>
e) Funding source/s:	<i>Dept of Social Security</i>	
f) Purpose:	<i>Emergency Relief</i>	
g) Other (please specify):	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>5. BANKING INFORMATION</b>		
<i>Your organisation must have its own Bank/Credit Union Account or similar</i>		
Full Account Name: <i>UNITING IN CARE SALISBURY INC</i> <small>*do not provide account or BSB numbers*</small>	Financial Institution Name: [REDACTED]	Branch Location: [REDACTED]
<b>6. REFEREE INFORMATION</b>		
<i>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)</i>		
Referee's Name:	<i>MALCOLM BRAY</i>	
Referee's Contact Information:	[REDACTED]	

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

<b>GST Declaration</b>		
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 <small>(If Yes - Please Quote ABN:)</small>  1 4 0 1 6 4 4 7 9 5 06 <small>(If No, the ABN Declaration Form attached must be signed)</small>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is your group/organisation registered for GST	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>NB: GST Registration</b> 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.		

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



Project/Event Budget Information	
Will the project or event generate income (e.g. ticket sales, entry fee etc.)?	<div style="display: flex; justify-content: space-around;"> <span>Yes <input type="checkbox"/></span> <span>No <input checked="" type="checkbox"/></span> </div> <p style="text-align: right; font-size: small;">(enter '0' dollar amounts below)</p>
<i>If Yes, provide details:</i>	
<b>INCOME</b>	<b>\$ AMOUNT</b>
Project or event generated income:	
Organisation's contribution:	
Income received from other Grants: <small>(list organisation(s) providing Grant funding and their contribution)</small>	
Income received from sponsors: <small>(list sponsor(s) and their contribution)</small>	
Donations: <small>(please specify the source, product or service and estimated amount of funding requested)</small>	
Have you sought any other funding for the project: <small>(please specify the source and amount of funding requested)</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>TOTAL (including GST):</b>	<b>\$ 0</b>
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?	<b>OUR ORGANISATION WILL FILL EXTRA BAGS (PARCEL OF LOVE) WITH ITEMS DONATED BY OTHER ORGANISATIONS, I.E. SALISBURY PRIMARY ETC. IF MORE PARCELS ARE REQUIRED TO BE DISTRIBUTED.</b>
<b>EXPENSES</b> <small>(specify the proposed expense budget by item:)</small>	<b>\$ AMOUNT</b>
<b>TOTAL (including GST):</b>	<b>\$ 0</b>

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



Summary of Project/Event Information	
Is the funding for: <i>(please tick which is applicable)</i>	<input type="checkbox"/> Event <input checked="" type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> New Group
Name of Project/Event Requiring Funding	<b>\$20 Essential Cards to be put into Parcel of Love</b>
Date(s) of Project/Event <i>(if ongoing please state "ongoing")</i>	<b>EARLY NOVEMBER TILL CLOSE OF BUSINESS IN DECEMBER.</b>
Total cost of Project/Event	<b>\$ 0</b>
Amount of Community Grant Funding Requested	<b>\$ 2,500</b>
Is there any other information that you may feel is relevant to your application?	
<input type="checkbox"/> There are no relevant attachments.	<input checked="" type="checkbox"/> There are relevant attachments and the following documents are attached: 1. <i>Parcel of Love Brochure</i> 2. <i>Invoice</i>
<b>Which category best describes your project/event?</b> <i>(please check all that apply)</i>	
Health	<input checked="" type="checkbox"/>
Establishment of a new group	<input type="checkbox"/>
Education and Training	<input type="checkbox"/>
Culture / Arts	<input type="checkbox"/>
Sport / Recreation	<input type="checkbox"/>
Environment	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Youth	<input type="checkbox"/>
Crime Prevention	<input type="checkbox"/>
Aged	<input type="checkbox"/>

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

Project/Event Details	
<b>Previous Community Grants Program Funding</b>	
Has your Organisation previously received a Community Grant? (If Yes – when, amount granted and what the grant was for:)	<input checked="" type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No <small>(go to Group/Organisation Information)</small></span>
When was the Grant funding received (month & year):	December 2016
What amount of Grant funding was provided:	\$ 2,000
When was the previous Grant acquitted (month & year):	early 2017
<b>Group/Organisation Information</b>	
Group/Organisation Name	UNITING IN CARE SALISBURY INC
Group/Organisation Description	EMERGENCY RELIEF
Group/Organisation Registered Address	Number/Street: 59-61 PARK TCE Suburb: SALISBURY <span style="float: right;">Postcode: 5109</span>
Is the Club Incorporated?	YES
Number of Members	12
% of Membership that reside in the City of Salisbury	100 %
<b>Project/Event Details</b>	
Project/Event Name	\$20 ESSENTIAL CARD FOR PARCEL OF LOVE
Project/Event Summary	PARCEL OF LOVE DISTRIBUTED FOR XMAS TO ER CLIENTS
Date(s) of Project/Event	NOVEMBER 2017 TO CLOSE OF BUSINESS IN DECEMBER
Location of Project/Event:	Number/Street: 59-61 PARK TCE Suburb: SALISBURY <span style="float: right;">Postcode: 5108</span>
How will the Project/Event benefit the residents of the City of Salisbury?	PROVIDE EXTRA ASSISTANCE TO NEEDY FAMILIES AND INDIVIDUALS DURING CHRISTMAS
How many individuals will benefit from the Project/Event?	200
% of project/event participants that reside in the City of Salisbury	100 %
If it is an Event, is it open to the public?	Yes <input type="checkbox"/> ANY PERSON IN COUNCIL AREA NEEDING ASSISTANCE
How will the Project/Event be promoted?	TELLING CLIENTS THAT CARDS WERE GIVEN BY COUNCIL

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



**Project or Event Scope**

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

**UNITING IN CARE SALISBURY INC., PROVIDE "PARCEL OF LOVE" ( WHICH IS A BAG FILLED WITH CHRISTMAS GOODIES AND PROVIDE BY MEMBERS OF OUR CHURCH CONGREGATION AND OTHERS) TO NEEDY FAMILIES AND INDIVIDUALS WHO COME IN TO OUR OFFICE FOR FOOD ASSISTANCE IN LATE NOVEMBER TILL CLOSE OF BUSINESS IN DECEMBER.**

**WE WOULD LIKE TO ADD A \$20 ESSENTIAL CARD TO THESE PARCELS SO CLIENTS COULD PURCHASE ANY FOOD REQUIREMENTS THEY WOULD LIKE FOR THERE CHRISTMAS DAY MEAL, EXAMPLE CHICKEN, COLD MEAT, FISH ETC.**

**WHEN WE DISTRIBUTE THE BAGS TO CLIENTS, VOLUNTEERS MENTION THAT THE \$20 ESSENTIAL CARD ENCLOSED IS FROM A GRANT BY CITY OF SALISBURY.**

**BROCHURE ENCLOSING INFORMATION ON PARCEL OF LOVE IS ENCLOSED.**

**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. **PARCEL OF LOVE BROCHURE**
  - 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:*

**THE BENEFITS ARE THAT NEEDY PEOPLE IN OUR COMMUNITY WILL BE ABLE TO HAVE A CHRISTMAS MEAL ON CHRISTMAS DAY WITHOUT WORRYING WHERE THEY WILL GET A MEAL AND ALSO ABLE TO HAVE EXTRA FOR THERE CHRISTMAS FOR THEIR FAMILIES.**

*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
<p><i>Demonstrate how the proposed project or event is supported by residents of the City of Salisbury and/or the wider community:</i></p> <p><i>(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.</i></p> <p><b>SALISBURY PRIMARY SCHOOL, PEDARE COLLEGE, PARAFIELD GARDENS UNITING CHURCH,</b></p> <p><b>THESE ORGANISATIONS PROVIDE FOOD FOR OUR "PARCEL OF LOVE" AND OUR VOLUNTEERS FILL BAGS AS REQUIRED.</b></p>
<p><b>Attachments</b></p> <p><input checked="" type="checkbox"/> There are no attachments relating to Support for the Project or Event.</p> <p><input type="checkbox"/> The following documents are attached relating to Support for the Project or Event:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li></ol>

Project or Event Management
<p><u>Ongoing Projects or Events</u></p> <p><i>Describe how the proposed project or event will be managed into the future:</i> <i>(outline how you will ensure sustainability and achieve outcomes for the project or activity)</i></p> <p><u>One-off Projects or Events</u></p> <p><i>Describe how the proposed project or event will be managed:</i> <i>(outline how you will achieve outcomes for the project or activity)</i></p> <p><b>AS SOON AS GRANT IS APPROVED WE WILL PURCHASE \$20 ESSENTIAL CARDS TO PLACE IN OUR PARCEL OF LOVE.</b></p> <p><b>AS WE ARE UNSURE ON NUMBER OF CLIENTS COMING IN FOR ASSISTANCE BEFORE XMAS THEN ANY LEFT OVER CARDS WILL BE DISTRIBUTED TO CLIENTS WHEN WE REOPEN IN JANUARY 2018 SO THEY CAN USE FOR PETROL, RECHARGE VOUCHER FOR PHONE, OR FOOD.</b></p>

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

### 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

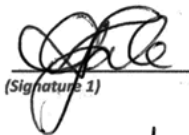
- I acknowledge that I am authorised to make this application on behalf of the Organisation.
- I acknowledge that the information provided in this application is true and correct.
- I acknowledge that our Organisation may be required to supply further information prior to consideration of this application 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 UICS (Group/Organisation)

AURORA GALE / SECRETARY  
(Name/Position)

and

DES BROWN / TREASURER  
(Name/Position)

  
(Signature 1)

  
(Signature 2)

11/9/17  
(Date)

11/9/17  
(Date)

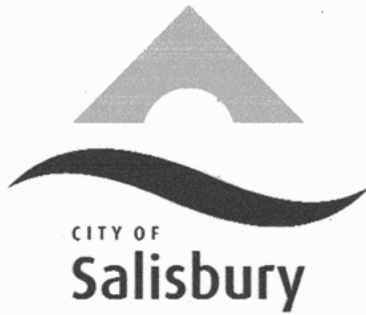
Contact (phone number):  
0403145758

Contact (phone number):  
0408086545

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**.

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





## 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	<input type="checkbox"/>	<input type="checkbox"/>
As an <b>individual</b> without a reasonable expectation of profit or gain	<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.

\_\_\_\_\_  
(Group/Organisation)

\_\_\_\_\_  
(Name/Position)

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

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

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



59-61 Park Terrace  
Salisbury SA 5108

Ph: 8258 2675  
Fax: 8281 6509  
E-mail: uicsalisbury@bigpond.com  
Web: salisbury.unitingchurchsa.org.au/uics

**Uniting In Care Salisbury Inc. Tax Invoice**

Invoice Number	Date	Terms	Due
INV201701	12/9/2017	60 days	20/12/2017
To : City of Salisbury			

Item No.	Description	Amount	GST	Total Amount
1	Salisbury Community Grant for assistance with Parcels of Love to be distributed at Christmas (125x\$20 essential gift cards)	\$2,500	\$250	\$2,750
<b>Total</b>		<b>\$2,500</b>	<b>\$250</b>	<b>\$2,750</b>



Uniting in Care, Salisbury, Inc ABN 14 016 479 500  
An Agency of Salisbury Uniting Church

When you have filled 'a Parcel of Love'  
please return to Salisbury Uniting Church Office  
during the month of November.

Monday-Thursday 9.30 -3.30pm

Telephone: 8258 2675

**UNITING IN CARE  
SALISBURY INC.**

**This year  
join with us  
as we spread a  
little Christmas cheer  
and give.....**



From  
Uniting in Care Salisbury Inc.



Many of us look for ways to reach out to the needy in an effort to make their Christmas season a little brighter. This year Uniting In Care Salisbury Inc. are planning to distribute 'a Parcel of Love' with their Emergency Food Parcels.

Since the agency was formed 24 years ago Uniting in Care Salisbury have been assisting the disadvantaged in the local community with Emergency Food Parcels. The Salisbury Uniting Church has continued to support this mission through regular donations and fund-raising. The agency provides a food parcel with emergency supplies and fresh fruit & vegetables to all clients seeking assistance. A free lunch is available on Wednesdays at the church from 12 noon -1pm.

This year we invite you to join us as we care for the vulnerable in our community. During November-December we would like to offer 'a Parcel of Love' to all who come seeking emergency food assistance.

**Parcel Suggestions**

This Christmas join us and give 'a Parcel of Love', invite family & friends to help make a difference this Christmas season for those who are struggling with finances, the unemployed, the sick, refugees and the elderly.



**Grocery Suggestions**

Listed below are suggestions only. \*

Long life custard, Puddings chocolate/plum, confectionery, drinks, gravy

mix, Christmas bon-bons, tinned ham, tins of fruit salad, tuna, & vegetables, coffee, tea, biscuits, cranberry sauce, stuffing mix, jellies, mince pies & fruit cake. It doesn't matter how much or how little you give, 'a Parcel of Love ' will bring joy this Christmas to a needy family in your local community.

\*Please ensure all items are not passed their use-by-date.

**Matthew 25:40**

*"The King will reply, Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me."*

**A Parcel of Love**

**This Christmas please help  
Uniting In Care Salisbury,  
spread a little Christmas Cheer  
and fill 'a parcel of love'**

**Contact**

Uniting In Care Salisbury Inc.  
59-61 Park Terrace, Salisbury SA 5108  
Telephone: 8258 2675

**UNITING IN CARE SALISBURY INC.  
MINUTES FOR MEETING 1<sup>st</sup> August at 7.30pm  
In the Conference Room**

**Welcome:** Rob Howard welcomed everyone at 7.30pm and read a prayer from 1979 book on Prayer which was for Volunteers.

**Present:** Rob Howard, Rev Nick Patselis, Deanna Geister, Lyn Breuker, Marie Sachse, Aurora Gale, Des Brown, Cheryl Sachse, Rosalie Handke, Kay Gosnold, and visitor Deirdre Myles.

**Apologies:** Marta Doupovec, Jill and Dennis Kent

**Acceptance of minutes from last meeting:** [REDACTED]

**W.H.S. Issues:** [REDACTED]

**Business arising from last meeting:**

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**Reports:**

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

**Correspondence in:**

**Correspondence out:**

Item 7.2.6 - Attachment 2 - 24/2017: Uniting In Care Salisbury Inc. - Additional Information

**Any Other Business:**

- [REDACTED]
- [REDACTED]
- [REDACTED]
- \$20 Essential Cards for POL(Parcel of Love)----approval given by Committee to submit Grant to City of Salisbury for \$2500 to purchase \$20 Essential Cards for our Parcel of Love distribution to our clients in Nov/Dec----Aurora to apply and submit Grant.

**Meeting Closure:** Nick closed in prayer – meeting closed 8.50pm

**Next meeting:** 5<sup>th</sup> Sept 7.30pm in Conference Room.



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<b>ITEM</b>	7.2.7
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	26/2017: Penfield Pistol, Rifle and Archery Club Inc. - Community Grants Program Application
<b>AUTHOR</b>	Bronwyn Hatswell, PA to General Manager, Community Development
<b>CITY PLAN LINKS</b>	3.2 Have interesting places where people want to be. 3.3 Be a connected city where all people have opportunities to participate. 4.3 Have robust processes that support consistent service delivery and informed decision making.
<b>SUMMARY</b>	The Penfield Pistol, Rifle and Archery Club Inc. Application is submitted for consideration by the Sport, Recreation and Grants Committee.

#### **RECOMMENDATION**

1. It be noted that, in accordance with delegated powers set out in the endorsed Terms of Reference, the Sport, Recreation and Grants Committee assessed and allocated funding for the October 2017 round of Community Grants as follows:
  - a. Grant No. 26/2017: Penfield Pistol. Rifle and Archery Club Inc. be awarded the amount of **\$2,500.00** to assist with the purchase of a defibrillator for ongoing use as outlined in the Community Grant Application and additional information.

#### **ATTACHMENTS**

This document should be read in conjunction with the following attachments:

1. 26/2017: Penfield Pistol, Rifle and Archery Club Inc. - Application

#### **1. BACKGROUND**

- 1.1 Penfield Pistol, Rifle and Archery Club Inc. have not received prior Community Grants Program funding.

#### **2. REPORT**

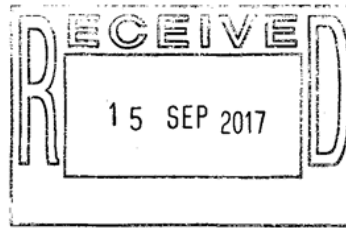
- 2.1 The Penfield Pistol, Rifle and Archery Club Inc. Application meets the eligibility criteria for funding consideration for the upper limit Community Grants Program funding.

#### **3. CONCLUSION / PROPOSAL**

- 3.1 The Penfield Pistol, Rifle and Archery Club Inc. Application is submitted for consideration by the Sport, Recreation and Grants Committee.

**CO-ORDINATION**

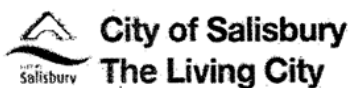
Officer: EXECUTIVE GROUP  
Date: 03/10/2017



# 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 Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15<sup>th</sup> of February will be assessed at the March Meeting).

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



*live it up*

Application Eligibility Checklist		
Is the Funding For:	Yes	No
• Money already spent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Salaries (initial or ongoing)? <i>Payment of facilitator or contractor engaged specifically to deliver program / activity under the grant may be considered</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Recurrent administration costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Capital development (e.g. renovations or building changes that will be permanently part of the structure)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Upgrading facilities which belong to Local, State or Commonwealth Governments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Application from Public / Private Schools?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• An organisation trading as a sole trader/individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• A group that is a non-incorporated body and does not have a parent incorporated body or is not endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not-for-profits Commission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have previously received funding and <b>NOT</b> fulfilled reporting obligations, including provision of post event evaluation/report and financial acquittal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Groups/organisations that have received Community Grants Program funding from the City of Salisbury within the past twelve (12) months.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If you have answered **YES** to any of these questions,  
this application is **NOT** 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:	PENFIELD PISTOL, RIFLE & ARCHERY CLUB		
Address:	6-30 WOOMERA AVE		
Suburb:	EDINBURGH PARK Postcode: 5111		
<b>2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)</b>			
Name:	Mr JOHN DAVIES		
Title (your role with the group/organisation):	PRESIDENT		
Address:	[REDACTED]		
Phone:	Landline: [REDACTED] Mobile: [REDACTED]		
Email:	[REDACTED]		
<b>3. COMMUNITY GRANT RESPONSIBILITY</b>			
Name of Person Responsible for the Grant:	Other: As Above - John DAVIES		
Title (role with the group/organisation):	PRESIDENT		
<b>4. GROUP / ORGANISATION MANAGEMENT DETAILS</b>			
How is your group/organisation managed:	Volunteer Committee of Management		
<b>Is your organisation:</b>			
a) Incorporated:	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input checked="" type="checkbox"/>            (go to question c)         </td> <td style="text-align: center;"> <b>No</b>  <input type="checkbox"/>            (go to question b)         </td> </tr> </table>	<b>Yes</b> <input checked="" type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question b)
<b>Yes</b> <input checked="" type="checkbox"/> (go to question c)	<b>No</b> <input type="checkbox"/> (go to question b)		
ASIC Registration Number:	A4199		
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>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> <b>Yes</b>  <input type="checkbox"/>            (go to question c)         </td> <td style="text-align: center;"> <b>No</b>  <input checked="" type="checkbox"/>            (go to question c)         </td> </tr> </table>	<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input checked="" type="checkbox"/> (go to question c)
<b>Yes</b> <input type="checkbox"/> (go to question c)	<b>No</b> <input checked="" type="checkbox"/> (go to question c)		
<b>Parent Organisation</b>			
Name:	—		
ASIC Registration Number:	—		

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

Organisation Information (continued)		
c) Community/Non-Profit:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is your organisation endorsed with Deductible Gift Recipient (DGR) status by the Australian Taxation Office or Australian Charities and Not-for-profits Commission?	Yes <input type="checkbox"/> <small>(evidence must be attached to this application)</small>	No <input checked="" type="checkbox"/>
d) Government Funded: <small>(If Yes, please list funding source/s and purpose in part e &amp; f)</small>	Yes <input type="checkbox"/>  <small>(go to question e &amp; f)</small>	No <input checked="" type="checkbox"/>
e) Funding source/s:	Member Fees.	
f) Purpose:	Sporting Club.	
g) Other (please specify):	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>5. BANKING INFORMATION</b>		
<b>Your organisation must have its own Bank/Credit Union Account or similar</b>		
Full Account Name: PENFIELD PISTOL RIFLE & ARCHERY CLUB  <small>*do not provide account or BSB numbers*</small>	Financial Institution Name: [REDACTED]	Branch Location: [REDACTED]
<b>6. REFEREE INFORMATION</b>		
<b>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)</b>		
Referee's Name:	Greg BAILEY	
Referee's Contact Information:	[REDACTED]	

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



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:)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
71 694 092 271 (If No, the ABN Declaration Form attached must be signed)		
Is your group/organisation registered for GST	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p><b>NB: GST Registration</b></p> <p><i>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.</i></p>		

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

Project/Event Budget Information	
Will the project or event generate income (e.g. ticket sales, entry fee etc.)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(enter '0' dollar amounts below)</small>
<i>If Yes, provide details:</i>	
<b>INCOME</b>	<b>\$ AMOUNT</b>
Project or event generated income:	\$0
Organisation's contribution:	The Difference in Cost \$100 → \$400 +
Income received from other Grants: <small>(list organisation(s) providing Grant funding and their contribution)</small>	Nil \$0
Income received from sponsors: <small>(list sponsor(s) and their contribution)</small>	Nil \$0
Donations: <small>(please specify the source, product or service and estimated amount of funding requested)</small>	\$0
Have you sought any other funding for the project: <small>(please specify the source and amount of funding requested)</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>TOTAL (including GST):</b>	\$0
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?	All gap costs + we pay for our first-aiders to obtain & maintain currency of training. Last training cost the club \$500 & is an on-going annual cost paid by the club.
<b>EXPENSES</b> <small>(specify the proposed expense budget by item:)</small>	<b>\$ AMOUNT</b>
Purchase of Defibrillator	\$ 2,600 - 2,900
<b>TOTAL (including GST):</b>	\$ 2,600 - 2,900

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

Summary of Project/Event Information	
Is the funding for: <i>(please tick which is applicable)</i>	<input type="checkbox"/> Event <input checked="" type="checkbox"/> Project <input type="checkbox"/> Ongoing <input type="checkbox"/> New Group
Name of Project/Event Requiring Funding	Purchase of a Defibrillator
Date(s) of Project/Event <i>(if ongoing please state "ongoing")</i>	ON GOING
Total cost of Project/Event	\$0 \$2,600 to \$2,900
Amount of Community Grant Funding Requested	\$2,500
Is there any other information that you may feel is relevant to your application?	Our Club maintains approximately 10-12 first aiders who we cover the cost for their training & annual refresher training in CPR & Defibrillator usage. With an ageing membership we intend to purchase our own unit & hope it is never required, but there if needed.
<input checked="" type="checkbox"/> There are no relevant attachments.	<input type="checkbox"/> There are relevant attachments and the following documents are attached: 1. 2.
<b>Which category best describes your project/event?</b> <i>(please check all that apply)</i>	
Health	<input checked="" type="checkbox"/>
Establishment of a new group	<input type="checkbox"/>
Education and Training	<input type="checkbox"/>
Culture / Arts	<input type="checkbox"/>
Sport / Recreation	<input checked="" type="checkbox"/>
Environment	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Youth	<input type="checkbox"/>
Crime Prevention	<input type="checkbox"/>
Aged	<input type="checkbox"/>

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

Project/Event Details		
<b>Previous Community Grants Program Funding</b>		
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 checked="" type="checkbox"/> No <i>(go to Group/Organisation Information)</i>
When was the Grant funding received (month & year):	N/A	
What amount of Grant funding was provided:	N/A	
When was the previous Grant acquitted (month & year):	N/A.	
<b>Group/Organisation Information</b>		
Group/Organisation Name	PENFIELD PISTOL, RIFLE & ARCHERY CLUB.	
Group/Organisation Description	SPORTING CLUB	
Group/Organisation Registered Address	Number/Street: 6-30 WOOMERA AVE Suburb: EDINBURGH PARK                      Postcode: 5111	
Is the Club Incorporated?	YES	
Number of Members	120 @ Sept 2017	
% of Membership that reside in the City of Salisbury	50%	
<b>Project/Event Details</b>		
Project/Event Name	PURCHASE DEFIBRILLATOR UNIT	
Project/Event Summary	AS ABOVE	
Date(s) of Project/Event	ONE-OFF PURCHASE -	
Location of Project/Event:	Number/Street: 6-30 WOOMERA AVE Suburb: EDINBURGH PARK                      Postcode: 5111	
How will the Project/Event benefit the residents of the City of Salisbury?	Will provide emergency defibrillation on-site if we ever need that.	
How many individuals will benefit from the Project/Event?	Approx. 1000 per year. Our members, visitors, community groups such as GFG, Scouts & Social Clubs.	
% of project/event participants that reside in the City of Salisbury	50%	
If it is an Event, is it open to the public?	No	
How will the Project/Event be promoted?	N/A	

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





### Project or Event Scope

Provide a description of the proposed project or event: Our project is to purchase and maintain a defibrillator unit and to ensure we have trained operators to maximise the survivability of any person that may suffer a cardiac arrest.

We have 120 members, we host a Historic Arms Collectors Club of around 20 members in our clubroom & the average age of our members is slowly increasing which may increase the risk.

We would also have a large number of visitors, guessing up to 1,000 per year, as we have regular visiting clubs and regular sporting demonstrations to other groups such as Salisbury's Growing for Gold that we have been involved in since inception. Other groups attend our demonstrations, such as regular visits by Scout groups, social groups etc. and we are the gathering point for the State Junior shooters to do their training under our recognised coaches.

We have hosted many State, and National Competitions such as the Junior Tri-State competition, Australian Masters Games, and in the near future will be hosting the State Titles in Oct in conjunction with Elizabeth Club.

So we have a lot of people around our club and want to ensure if there were to be any cardiac arrest that we could immediately help.

#### 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. Quotes for a unit
2. Minutes of Meeting (June) authorising this application + other supporting information is present in these Minutes.

### 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:

We are told that sudden cardiac arrest is one of the leading causes of death in Australia. By having a portable defibrillator in our club there would be a massive increase of any person surviving the cardiac arrest until an ambulance arrives, especially as our club location is somewhat remotely located.

We have trained first-aiders who the club pays the cost of them undertaking annual refresher training in CPR & Defib usage to ensure that all members & visitors to our club will have the greatest chance of surviving if there was any incident.

*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
<p><i>Demonstrate how the proposed project or event is supported by residents of the City of Salisbury and/or the wider community:</i>  <i>(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.</i></p> <p>N/A.</p> <p><b>Attachments</b></p> <p><input checked="" type="checkbox"/> There are no attachments relating to Support for the Project or Event.</p> <p><input type="checkbox"/> The following documents are attached relating to Support for the Project or Event:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

Project or Event Management
<p><u>Ongoing Projects or Events</u></p> <p><i>Describe how the proposed project or event will be managed into the future:</i>  <i>(outline how you will ensure sustainability and achieve outcomes for the project or activity)</i></p> <p><u>One-off Projects or Events</u></p> <p><i>Describe how the proposed project or event will be managed:</i>  <i>(outline how you will achieve outcomes for the project or activity)</i></p> <p>One off purchase of a defibrillator.</p> <p>Unit will be mounted in an obvious location &amp; all members and visitors will be advised of its location.</p> <p>On-going training will be funded by the club to ensure our first-aiders maintain expertise in defib usage.</p> <p>Batteries require regular changing - usually every 5 years depending on unit purchased. Pads require replacing usually every 2 years and both these items will be maintained as suggested by the manufacturer.</p>

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

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 PENFIELD PISTOL, RIFLE & ARCHERY CLUB INC  
(Group/Organisation)

<p>(Name/Position) <u>John DAVIES</u> <u>President</u></p> <p><u><i>John Davies</i></u> <small>(Signature 1)</small></p> <p><u>13 Sep 2017</u> <small>(Date)</small></p> <p>Contact (phone number): <span style="background-color: black; color: black;">[REDACTED]</span></p>	and	<p><u>Adam DAVIES</u> / <u>SECRETARY</u> <small>(Name/Position)</small></p> <p><u><i>Adam Davies</i></u> <small>(Signature 2)</small></p> <p><u>13/09/17</u> <small>(Date)</small></p> <p>Contact (phone number): <span style="background-color: black; color: black;">[REDACTED]</span></p>
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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**.

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

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### Defibrillator Value Bundle

Product code 8883538

**\$2,650.00**

Quantity

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Product Description	More Details	St John Recommends
<p>This bundle includes:</p> <ul style="list-style-type: none"><li>• Heartstart HS1 Defib + accessories</li><li>• 3D signage</li><li>• Wall bracket</li><li>• Online training for up to ten people</li></ul> <p><b>Heart Start First Aid unit</b> Manufactured by Philips, this machine is easy to use with</p>		

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### Defibrillator with Cabinet - HS1 Saver Bundle

Product code 8883539

\$2,850.00

Quantity

[+ Add to cart](#)

[Product Description](#)

[More Details](#)

[St John Recommends](#)

This bundle includes:

- HS1 Heartstart Defib + accessories
- 3D signage
- Alarmed Wallmount cabinet
- Online training for up to ten people

**PENFIELD PISTOL, RIFLE & ARCHERY CLUB INC.**

**COMMITTEE MEETING HELD JUNE 14th, 2017**

**MEETING OPENED:** 7:03 pm.

**MEMBERS PRESENT:** J Davies (Chair), P Hoffmann, M Hoffmann, D Karaivanoff, R Hoad, A Markowski, A Davies, R Dyson, C Tooth.

Apologies: C Biddle, I Marlow, P May

**PREVIOUS MINUTES:**

[Redacted]

**AMENDMENTS:** Nil

**New Members:** Nil

**BUSINESS ARISING FROM THE PREVIOUS MINUTES and ACTIONS :**

[Redacted]

**REPORTS:**

**Presidents Report:**

[Redacted]

[Redacted]

[Redacted]

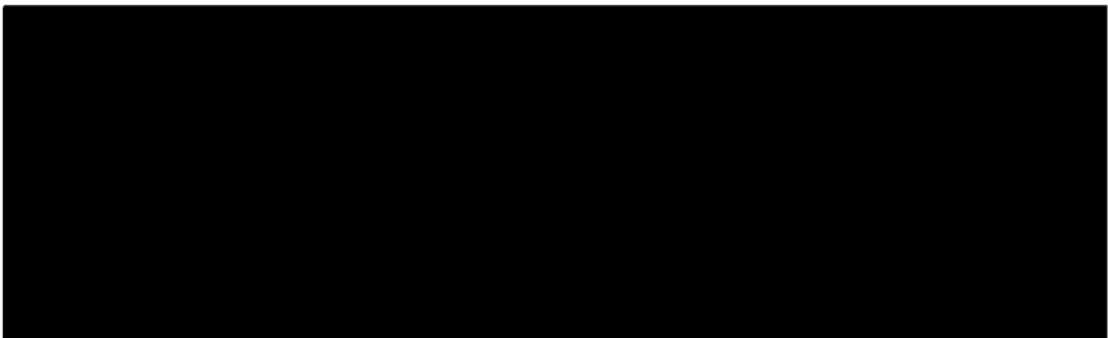
Thanks to Dana we have indicative costs for a defibrillator of a type as recommended by her medical contacts. I've spoken with Salisbury Council regarding applying for a Community Grant to assist with purchasing this equipment which could be very vital at some stage and all our first-aiders are qualified in the use of these units. More regarding this in General Business.



Thanks to Ron a refresher for CPR part of the First Aid course has been organised for this Sunday 18<sup>th</sup> June and all our first-aiders are expected to attend. I have also invited the first-aiders from the other clubs within the PSA as well to ensure site-wide that there are sufficient trained people in all the clubs.



**Secretary's Report:**



**Treasurers Report:**



**Membership Renewals:**



**Membership Report:**



**Pistol Report:**



**Rifle Report:**



**Archery Report:**



**Major Works Report:**

[Redacted]

**Minor Works Report:**

[Redacted]

**Social Report:**

[Redacted]

**Shop Report:**

[Redacted]

**Penfield Sporting Association Report:**

[Redacted]

**CORRESPONDENCE INWARDS:**

[Redacted]

**CORRESPONDENCE OUTWARD:**

[Redacted]

**GENERAL BUSINESS:**

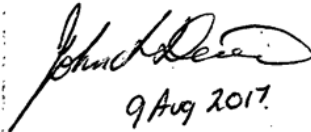
[Redacted]

3. We have been considering buying a defibrillator for a while as all our first aid qualified members have been trained in using them and Dana has obtained some quotes from her medical contacts. It was **Moved** by M Hoffmann / A Markowski that we obtain one for the club. **Carried.**
4. JD has been making some enquiries to see if we can get a grant from Council Community Grants. It was **Moved** A Markowski/P Hoffmann that JD be authorised to apply for a Salisbury Council Community Grant to assist with the purchase of a suitable defibrillator for the club. **Carried**

[REDACTED]

There being no further business, the meeting closed at 8.20 pm.  
Note: Next meeting will be the AGM on Wednesday July 12th, 2017 at 7.00 pm.

True Record.....

  
9 Aug 2017



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<b>ITEM</b>	7.2.8
	<b>SPORT, RECREATION AND GRANTS COMMITTEE</b>
<b>DATE</b>	09 October 2017
<b>HEADING</b>	Strategic and International Partnerships Sub Committee Grant Criteria Consideration Request
<b>AUTHOR</b>	Bronwyn Hatswell, PA to General Manager, Community Development
<b>CITY PLAN LINKS</b>	3.4 Be a proud, accessible and welcoming community. 4.1 Strengthen partnerships that enable us to better address our community's priorities. 4.4 Embed long term thinking, planning and innovation across the organisation.
<b>SUMMARY</b>	The Strategic and International Partnerships Sub Committee have requested the Sport, Recreation and Grants Committee consider amending the Youth Sponsorship and Community Grants Program Guidelines to include the Sister City Program.

#### RECOMMENDATION

1. The information be received and noted.
2. A report, outlining options to include the Sister City Program in the Youth Sponsorship and Community Grants Program Guidelines be provided to the Sport, Recreation and Grants Committee for consideration in November 2017.

#### ATTACHMENTS

There are no attachments to this report.

#### 1. BACKGROUND

- 1.1 At its meeting held 12 September 2017, the Strategic and International Partnership Sub Committee recommended the Sport, Recreation and Grants Committee give consideration to broadening the selection criteria by incorporating Sister Cities. It was subsequently resolved at the Council meeting held 25 September 2017 that:

*The Strategic and International Partnerships Sub Committee recommends that the Sport, Recreation and Grants Committee give consideration to amending the "Youth Sponsorship Guidelines and Community Grants Program Guidelines and Eligibility Criteria" by including the Sister City Program.*

**Council Resolution 2048/2017**

**2. REPORT**

- 2.1 The Strategic and International Partnerships Sub Committee recommends that the Sport, Recreation and Grants Committee give consideration to amending the “Youth Sponsorship Guidelines and Community Grants Program Guidelines and Eligibility Criteria” by including the Sister City Program.

**3. CONCLUSION / PROPOSAL**

- 3.1 The recommendation from the Strategic and International Partnerships Sub Committee be received and noted.
- 3.2 Staff provide a report that outlines options to include the Sister City Program in the Youth Sponsorship and Community Grants Program Guidelines for consideration in November 2017.

**CO-ORDINATION**

Officer: EXECUTIVE GROUP  
Date: 03/10/2017