



AGENDA

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

15 JANUARY 2018 AT 6:30 PM

IN COMMITTEE ROOMS, 12 JAMES STREET, SALISBURY

MEMBERS

Cr J Woodman (Chairman)
Mayor G Aldridge (ex officio)
Cr D Balaza
Cr B Brug
Cr D Bryant
Cr L Caruso
Cr D Pilkington
Cr D Proleta (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 Support Officer, Ms K Boyd

APOLOGIES

Apologies have been received from Cr D Bryant and Cr G Aldridge.

LEAVE OF ABSENCE

PRESENTATION OF MINUTES

Presentation of the Minutes of the Sport, Recreation and Grants Committee Meeting held on 04 December 2017.

REPORTS

Administration

7.0.1 Future Reports for the Sport, Recreation and Grants Committee 7

Community Grants

7.2.1 Youth Sponsorship - December Applications 9

7.2.2 Community Grants Program Applications for January 2018..... 13

7.2.3 39/2017: Salisbury 8 Ball and Sports Association of SA Inc. - Community Grants Program Application..... 15

7.2.4 23/2017: The Lions Club of Paralowie Inc. - Community Grants Program Application 43

7.2.5 01/2018: The Pakeer Community Association of South Australia Inc. - Community Grants Program Application..... 59

OTHER BUSINESS

CLOSE



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

4 DECEMBER 2017

MEMBERS PRESENT

Cr J Woodman
Mayor G Aldridge (ex officio)
Cr D Balaza
Cr B Brug
Cr L Caruso (Chairman)
Cr D Pilkington
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, Mr M Petrovski
Governance Support Officer, Ms K Boyd

The meeting commenced at 6:32 pm.

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

APOLOGIES

Apologies were received from Cr D Bryant and Cr D Proleta.

LEAVE OF ABSENCE

Nil

PRESENTATION OF MINUTES

Moved Cr D Pilkington
Seconded Cr R Zahra

The Minutes of the Sport, Recreation and Grants Committee Meeting held on 13 November 2017 be taken and read as confirmed subject to amending Cr L Caruso's conflict of interest for Item No. 7.2.5 to read as a "material" conflict of interest.

CARRIED

REPORTS

Administration

7.0.1 Future Reports for the Sport, Recreation and Grants Committee

Moved Cr L Caruso
Seconded Mayor G Aldridge

1. The information be received.

CARRIED

Community Grants

7.2.1 Youth Sponsorship - November Applications

Moved Cr R Zahra
Seconded Mayor G Aldridge

1. The information be received.

CARRIED

7.2.2 Community Grants Program Applications for December 2017

Moved Cr R Zahra
Seconded Mayor G Aldridge

1. The information be received and noted.

CARRIED

7.2.3 18/2017: Saint Francis Community Child Care Centre Inc. - Community Grants Program Application

Moved Mayor G Aldridge
 Seconded Cr D Pilkington

1. The information be received and noted.

CARRIED

7.2.4 28/2017: One Life Community Assist Ltd - Community Grants Program Application Funding Variation Request

Cr B Brug declared a perceived conflict of interest on the basis of being listed as a referee on the grant application. Cr B Brug left the meeting at 6:35 pm.

Moved Cr D Pilkington
 Seconded Cr R Zahra

1. It be noted that, in accordance with delegated powers set out in the endorsed Terms of Reference, the Sport, Recreation and Grants Committee consents to the request from Grant No. 28/2017: One Life Community Assist Ltd that the amount of \$2,500.00 awarded on Monday, 13 November 2017 be applied to assist with the purchase of sound, lighting and stage for the 2017 Christmas Carols event.

CARRIED

Cr B Brug returned to the meeting at 6:37 pm.

7.2.5 36/2017: Salisbury Bowling Club Inc. - Community Grants Program Application

Moved Cr D Pilkington
 Seconded Cr R Zahra

1. The information be received and noted.

CARRIED

7.2.6 37/2017: Adelaide Bangladeshi Cultural Club Inc. - Community Grants Program Application

Moved Cr R Zahra
Seconded Cr B Brug

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 December 2017 round of Community Grants as follows:
 - a. Grant No. 37/2017: Adelaide Bangladeshi Cultural Club Inc. be awarded the amount of **\$2,500.00** to assist with the purchase of musical instruments for ethnic school and community activities as outlined in the Community Grant Application and additional information.

CARRIED

OTHER BUSINESS

Nil

The meeting closed at 6:42 pm.

CHAIRMAN.....

DATE.....

ITEM	7.0.1
	SPORT, RECREATION AND GRANTS COMMITTEE
DATE	15 January 2018
HEADING	Future Reports for the Sport, Recreation and Grants Committee
AUTHOR	Michelle Woods, Projects Officer Governance, CEO and Governance
CITY PLAN LINKS	4.3 Have robust processes that support consistent service delivery and informed decision making.
SUMMARY	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:

Meeting Item	- Heading and Resolution	Officer
24/07/2017	Review of Youth Sponsorship Funding and Allocation Cap and Youth Sponsorship Policy	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.	
Due:	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: 09/01/2018

ITEM	7.2.1
	SPORT, RECREATION AND GRANTS COMMITTEE
DATE	15 January 2018
HEADING	Youth Sponsorship - December Applications
AUTHOR	Mechelle Potter, Administrative Coordinator - Business Excellence, Business Excellence
CITY PLAN LINKS	3.3 Be a connected city where all people have opportunities to participate.

RECOMMENDATION

1. The information be received.
2. That a 2017/18 Second Quarter Non-Discretionary Budget Review Bid for \$20,000 be approved to ensure that sufficient funding is available for the remainder of the year.

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 December 2017.

Funding per application	Event	Total Funding
1 @ \$500	One application has been received to represent South Australia at the Australian Tennis Championships (includes international contestants) being held in Melbourne in December 2017.	\$500.00
1 @ \$250	One application has been received to represent South Australia at the 2018 Basketball Development Tournament to be held in Victoria in January 2018.	\$250.00
3 @ \$1,000	Three applications have been received to represent Australia at the US Open Taekwondo Championships to be held in Las Vegas in January 2018.	\$3,000.00
2 @ \$250	Two applications have been received to represent South Australia at the 2018 FFA National Futsal Championships to be held in Canberra in January 2018.	\$500.00
Total Funding for December 2017:		\$4,250.00

3.2 The following applications were received, however, are deemed ineligible:

- 3.2.1 One application to represent South Australia at the Australian Volleyball Schools Cup to be held in Melbourne in December 2017, however the application was not received within 14 days of the event and therefore considered ineligible. (This application was submitted late due to unplanned interstate travel, noting that we had approved an application (from another applicant) for the same event which was received within the required timeframes).
- 3.2.2 One application to represent South Australia at the National Junior Basketball Championships to be held in Victoria in October 2017 was considered ineligible as the application was received after the event date.

4. BUDGET CONSIDERATION

- 4.1 As of December 2017 the remaining budget available for allocation is \$9,750 which is likely to be expended by February/March leaving no funds available for any application received later in the year.
- 4.2 It is recommended that the committee seek further funding of \$20,000 as a non-discretionary budget review bid at the next budget review to ensure sufficient funding is available for allocation.
- 4.3 An additional \$20,000 will bring the total budget for 2017/18 to \$65,000.

5. CONCLUSION / PROPOSAL

- 5.1 The 2017/18 Youth Sponsorship budget allocation is \$45,000 less expenditure to date of \$35,250 (including December applications) which leaves a balance remaining of \$9,750.
- 5.2 Consideration is sought from the committee to seek further funding to ensure sufficient funding is available for the full 2017/18 financial year.

CO-ORDINATION

Officer: EXECUTIVE GROUP
Date: 09/01/2018

ITEM	7.2.2
	SPORT, RECREATION AND GRANTS COMMITTEE
DATE	15 January 2018
HEADING	Community Grants Program Applications for January 2018
AUTHOR	Bronwyn Hatswell, PA to General Manager, Community Development
CITY PLAN LINKS	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.
SUMMARY	This report outlines the Community Grants Program Applications for the January 2018 round. Each Application is submitted for review by the Sport, Recreation and Grants Committee in an individual report.

RECOMMENDATION

1. The information be received and noted.

ATTACHMENTS

There are no attachments to this report.

1. BACKGROUND

- 1.1 One (1) application was received for the January 2018 round of Community Grants.
- 1.2 One (1) application received for the December 2017 round of Community Grants required further information. The further information has been received and the application is submitted for consideration.¹
- 1.3 One (1) application received for the October 2017 round of Community Grants required further information. The further information has not been received and the application is therefore deemed ineligible.

2. REPORT

- 2.1 One (1) application is presented for the January 2018 round of Community Grants for consideration, of which is deemed compliant and listed below:
 - 2.1.1 39/2017: Salisbury 8 Ball & Sports Association of SA Inc.¹

- 2.2 Two (2) applications are presented for the January 2018 round of Community Grants for information:
- 2.2.1 The following application was received for the October 2017 round of Community Grants and required further information. The further information has not been received and consequently the application is deemed ineligible:
- 23/2017: The Lions Club of Paralowie Inc.
- 2.2.2 The following application was received for the January 2018 round of Community Grants and is deemed ineligible in accordance with the Guidelines and Eligibility Criteria section 8:
- 01/2018: The Pakeer Community Association of South Australia Inc.
- 2.3 The Community Grant Funding budget allocation for 2017/2018 is \$82,000. In 2017/2018 monies approved for grant funding is \$42,473.00 which leaves an unspent balance of \$39,527.00.
- 2.4 The monies committed to the one (1) compliant application for the January 2018 round, if approved, is **\$2,500.00**.
- 2.5 The remaining balance of the grant funding if the one (1) application is approved is **\$37,027.00**.

3. CONCLUSION / PROPOSAL

- 3.1 One (1) Community Grants Program application is presented for funding consideration at the Sport, Recreation and Grants Committee in January 2018.
- 3.2 Two (2) Community Grants Program applications are deemed ineligible and are submitted to the Sport, Recreation and Grants Committee in an individual report for information.

CO-ORDINATION

Officer: EXECUTIVE GROUP
Date: 09/01/2018

ITEM	7.2.3		
	SPORT, RECREATION AND GRANTS COMMITTEE		
DATE	15 January 2018		
PREV REFS	Sport, Recreation and Grants Committee	7.2.2	04/12/2017
HEADING	39/2017: Salisbury 8 Ball and Sports Association of SA Inc. - Community Grants Program Application		
AUTHOR	Bronwyn Hatswell, PA to General Manager, Community Development		
CITY PLAN LINKS	3.4 Be a proud, accessible and welcoming community.		
SUMMARY	The Salisbury 8 Ball and Sports Association of SA Inc. Application is submitted to the Sport, Recreation and Grants Committee for consideration.		

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 January 2018 round of Community Grants as follows:
 - a. Grant No. 39/2017: Salisbury 8 Ball and Sports Association of SA Inc. be awarded the amount of **\$2,500.00** to assist with the purchase of tables and chairs 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. 39/2017: Salisbury 8 Ball and Sports Association of SA Inc. - Application
2. 39/2017: Salisbury 8 Ball and Sports Association of SA Inc. - Additional Information

1. BACKGROUND

- 1.1 The Salisbury 8 Ball and Sports Association of SA Inc. Application was originally received for the December 2017 round of Community Grants Program funding however the Application was incomplete and required further information.
- 1.2 The additional information has been received and is attached to this report.
- 1.3 Salisbury 8 Ball and Sports Association of SA Inc. received \$1,704 Community Grants Program funding in October 2016 to assist with the purchase of newspaper advertising, junior shirts, office chair, filing cabinet, printer and laminator for ongoing use.

2. REPORT

2.1 The original 39/2017: Salisbury 8 Ball and Sports Association of SA Inc. Application was received for the December 2017 round of Community Grants Program funding however the Application required further information:

- How the group/organisation is managed was incomplete;
- A detailed, current quote was not provided; and
- The signatory check box for 'S2' had not been checked/ticked.

2.2 The Salisbury 8 Ball and Sports Association of SA Inc. Application meets the eligibility criteria for funding consideration for the upper limit Community Grants Program funding.

3. CONCLUSION / PROPOSAL

3.1 The Salisbury 8 Ball and Sports Association of SA Inc. Application is submitted for consideration by the Sport, Recreation and Grants Committee.

CO-ORDINATION

Officer: EXECUTIVE GROUP
Date: 09/01/2018



Community Grants Program

Application Form

Applications for Community Grants must be received by the 15th of each month to be assessed by the Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15th 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 NOT 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			
1. GROUP / ORGANISATION DETAILS			
Name:	Salisbury 8 Ball & Sports ASSA		
Address:	Lot 12 Diment road		
Suburb:	Direk Postcode: 5110		
2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)			
Name:	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Sally Ræves		
Title (your role with the group/organisation):	Secretary		
Address:	[REDACTED]		
Phone:	Landline: [REDACTED] Mobile: [REDACTED]		
Email:	salisbury8ballandsports@gmail.com		
3. COMMUNITY GRANT RESPONSIBILITY			
Name of Person Responsible for the Grant:	Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Michael Trotter		
Title (role with the group/organisation):	Treasurer		
4. GROUP / ORGANISATION MANAGEMENT DETAILS			
How is your group/organisation managed:			
Is your organisation:			
a) Incorporated:	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> Yes <input checked="" type="checkbox"/> (go to question c) </td> <td style="text-align: center;"> No <input type="checkbox"/> (go to question b) </td> </tr> </table>	Yes <input checked="" type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question b)
Yes <input checked="" type="checkbox"/> (go to question c)	No <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="0" style="width: 100%;"> <tr> <td style="text-align: center;"> Yes <input type="checkbox"/> (go to question c) </td> <td style="text-align: center;"> No <input checked="" type="checkbox"/> (go to question c) </td> </tr> </table>	Yes <input type="checkbox"/> (go to question c)	No <input checked="" type="checkbox"/> (go to question c)
Yes <input type="checkbox"/> (go to question c)	No <input checked="" type="checkbox"/> (go to question c)		
Parent Organisation			
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 & 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 checked="" type="checkbox"/>
5. BANKING INFORMATION		
<i>Your organisation must have its own Bank/Credit Union Account or similar</i>		
Full Account Name: Salisbury 8 Ball & Sports Association Inc <i>*do not provide account or BSB numbers*</i>	Financial Institution Name: [REDACTED]	Branch Location: [REDACTED]
6. REFEREE INFORMATION		
<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:	Linda Casuso	
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> ----- <i>(If No, the ABN Declaration Form attached must be signed)</i>	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>NB: GST Registration</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>	
INCOME	\$ AMOUNT
Project or event generated income:	\$ 0
Organisation's contribution:	\$ 0
Income received from other Grants: <i>(list organisation(s) providing Grant funding and their contribution)</i>	\$ 0
Income received from sponsors: <i>(list sponsor(s) and their contribution)</i>	\$ 0
Donations: <i>(please specify the source, product or service and estimated amount of funding requested)</i>	\$ 0
Have you sought any other funding for the project: <i>(please specify the source and amount of funding requested)</i>	\$ 0
TOTAL (including GST):	\$ 0
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?	labour - fixing the club to make it look better
EXPENSES <i>(specify the proposed expense budget by item:)</i>	\$ AMOUNT
20 tables	\$ 980
80 chairs	\$ 1520
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (including GST):	\$ 2500

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 checked="" type="checkbox"/> Ongoing <input type="checkbox"/> New Group
Name of Project/Event Requiring Funding	building on, making club bigger.
Date(s) of Project/Event <i>(if ongoing please state "ongoing")</i>	ongoing we run a junior program every 2 weeks. club has players each week.
Total cost of Project/Event	\$ 2500
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.
Which category best describes your project/event? <i>(please check all that apply)</i>	
Health	<input 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 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	
Previous Community Grants Program Funding	
Has your Organisation previously received a Community Grant? <i>(If Yes – when, amount granted and what the grant was for:)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(go to Group/Organisation Information)</i>
When was the Grant funding received (month & year):	October 2016
What amount of Grant funding was provided:	\$ 1,704.00
When was the previous Grant acquitted (month & year):	Dec 2016
Group/Organisation Information	
Group/Organisation Name	Salisbury 8 ball & sports Association
Group/Organisation Description	8ball / junior program
Group/Organisation Registered Address	Number/Street: lot 12 Diment rd Suburb: Direk Postcode: 5110
Is the Club Incorporated?	yes
Number of Members	250
% of Membership that reside in the City of Salisbury	85%
Project/Event Details	
Project/Event Name	junior program
Project/Event Summary	building onto club
Date(s) of Project/Event	happening now
Location of Project/Event:	Number/Street: lot 12 Diment rd Suburb: Direk Postcode: 5110
How will the Project/Event benefit the residents of the City of Salisbury?	The bigger the club, the more people can attend.
How many individuals will benefit from the Project/Event?	more teams / more juniors
% of project/event participants that reside in the City of Salisbury	85%
If it is an Event, is it open to the public?	all welcome
How will the Project/Event be promoted?	facebook word of mouth, posters at venues.

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

Grant Money Requested	
Amount Requested	\$ 2500
Itemised Breakdown of Costs:	
<i>An itemised breakdown of costs must be provided. Please attach a separate sheet if there is insufficient space.</i>	
20 tables	\$ 980
80 chairs	\$ 1520
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (including GST):	\$ 2500
Quote Attached:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(please refer to the City of Salisbury Guide to completing the Community Grants Program Application Form)</i>
<i>A detailed, current quote must be provided with the application.</i>	

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

Item 7.2.3 - Attachment 1 - 39/2017: Salisbury 8 Ball and Sports Association of SA Inc. - Application

Project or Event Scope

Provide a description of the proposed project or event:

The Golf links are extending the area, so more pool tables can fit in. We run a junior program for juniors every 2nd weekend. The Salisbury 8 ball & sports Association will be able to have more teams come in, and we can organize different knockout events throughout the year.

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:

- more players
- Seating arrangements ~~will~~ be catered for all.
- won't have people standing around.

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

Support for the Project or Event

Demonstrate how the proposed project or event is supported by residents of the City of Salisbury and/or the wider community:
(include a list of key partners and/or stakeholders, community members and organisations that have been consulted, how and why they support the project or event and any other information that demonstrates support.

Macedonia Soccer Club, support to help and build the 8 ball association, to get more players to join.

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)

This will help us out, to make it more comfortable for the players it will cater for them. It will draw more people wanting to join the Salisbury 8 ball and get bigger. More Salisbury residents will hear about it, our junior program keeps growing.

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 individual 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.

Salisbury 8 ball & sports Association Inc
(Group/Organisation)

Sally Reeves - Secretary
(Name/Position)

(Signature)

14.11.17
(Date)

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 Salisbury 8 ball and Sports Association Inc (Group/Organisation)

Sally Reesop Secretary and

Domenic Caruso Vice President

[Signature]
(Signature 1)

[Signature]
(Signature 2)

13-11-17
(Date)

13-11-17
(Date)

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

SALISBURY 8 BALL & SPORTS ASSOC SA INC
 PO BOX 305
 SALISBURY SA
 AUSTRALIA 9996

Account No. : [REDACTED]
 BUSINESS & COMMUNITY ACCOUNT

From Date : 17 Aug 2017
 To Date : 15 Nov 2017

Posting Date	Effective Date	Narrative	Debit	Credit	Balance
31/08/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1/09/2017	31/08/2017	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12/09/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19/09/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30/09/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30/09/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31/10/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/11/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15/11/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

SALISBURY 8 BALL & SPORTS ASSOC SA INC
 PO BOX 305
 SALISBURY SA
 AUSTRALIA 9996

Account No. : [REDACTED]
 BUSINESS & COMMUNITY ACCOUNT

From Date : 17 Aug 2017
 To Date : 15 Nov 2017

Posting Date	Effective Date	Narrative	Debit	Credit	Balance
31/08/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30/09/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31/10/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/11/2017		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Minutes

11th October 2017

Salisbury 8 Ball & Sports Association

Meeting Opened: 7:20pm

Present: David McGauchie, Joey Noble, Sally Reeves, Domenic Caruso, Lynn Davies, Michael Trotter and Roc Caruso.

Apologies: Lyndall Bottrell and John Puccini.

Chairperson: Domenic Caruso

Minutes Accepted: 1st Joey Noble & 2nd by Roc Caruso.

President Report:

- We need to tie up loose ends, as it's nearly end of season.
- Doubles are going good.

Secretary Report:



Treasurers Report:



Accepted: 1st Sally Reeves & 2nd by Joey Noble.



Business Arising:

[Redacted]

Correspondence:

[Redacted]

General Business:

[Redacted]

- Sally to do paperwork for the grant for the Salisbury Council, filled out, and signed.

[Redacted]

Meeting Closed: 8:30pm

Next meeting: 6th Nov 2017 at the Golf Links.

Applicant Organisation Information	
1. GROUP / ORGANISATION DETAILS	
Name:	Salisbury 8 Ball & Sports Assoc
Address:	Lot 12 Diment Road
Suburb:	Direk Postcode: 5110
2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)	
Name:	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Sally Reeves
Title (your role with the group/organisation):	Secretary
Address:	[REDACTED]
Phone:	Landline: [REDACTED] Mobile: [REDACTED]
Email:	salisbury8ballandsports@gmail.com
3. COMMUNITY GRANT RESPONSIBILITY	
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"/> Michael Trotter
Title (role with the group/organisation):	Treasurer
4. GROUP / ORGANISATION MANAGEMENT DETAILS	
How is your group/organisation managed:	By the Committee.
Is your organisation:	
a) Incorporated:	Yes <input checked="" type="checkbox"/> (go to question c) No <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>	Yes <input type="checkbox"/> (go to question c) No <input checked="" type="checkbox"/> (go to question c)
Parent Organisation	
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

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 Salisbury 8 Ball and Sports Association Inc
(Group/Organisation)

Sally Reesop Secretary and Domenic Caruso Vice President
(Name/Position)

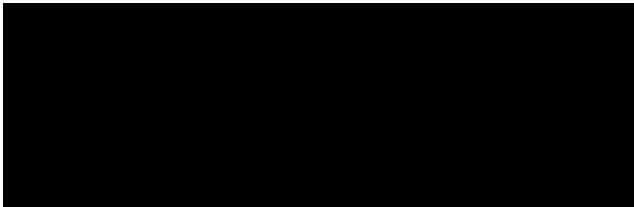
[Signature 1] [Signature 2]
(Signature 1) (Signature 2)

13-11-17 13-11-17
(Date) (Date)

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

Both signatories will be contacted to verify the application - a contact phone number must be provided for each. Your application will not be submitted 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



Quotation

Customer: Margaret BARNETT

Date: 01-SEP-2017

Delivery Address:

Contact: Margaret BARNETT
Phone: [Redacted]

Delivery Instructions:

Delivery Date: 15/09/2017

We have the pleasure in submitting our Quotation No: 115633633 for the following job:

Job Address:

Summary (Refer Attachment)	Amt Excl GST	GST Payable	Amt Incl GST
AS PER ATTACHED SCHEDULE			
OUTDOOR LIVING	77.67	7.76	85.43
Prices in this quotation are valid for a period of 30 days from the date of the Quotation after which the prices may be varied			
Total	\$77.67	\$7.76	\$85.43

[Redacted]



For further enquiries concerning this Quotation would you please contact our representative.



[Redacted]

Quotes & Estimates

[Redacted]

Delivery

[Redacted]

Collection

[Redacted]

Installation

[Redacted]

Warranties

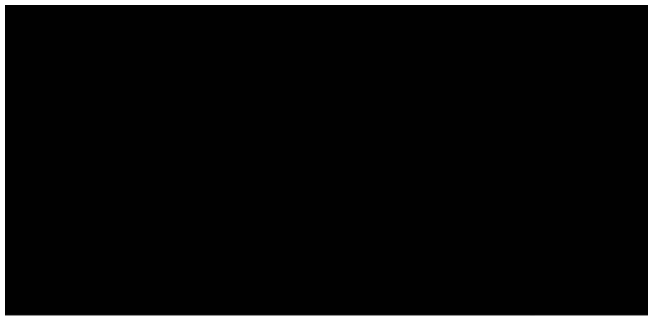
[Redacted]

Payment

[Redacted]

Cancellation & Returns

[Redacted]



Quotation No: 115633633
 Date: 01-SEP-2017

Customer: Margaret BARNETT

Delivery Address:

Job Number:

Job Address:

Line	Item Number	Item Description	METRE or QTY	M3 or UNIT	RATE EXC GST	AMOUNT EXC GST	GST PAYABLE	AMOUNT INC GST
1	3191451	CHAIR RESIN MARQUEE++KRETA ANTHRACITE LOW BACK^	1	Each	17.25	17.25	1.73	18.98
2	3192221	CHAIR RESIN MARQUEE++VERONA LOW BACK GREEN 12911^	1	Each	8.64	8.64	0.86	9.50
3	3080106	CHAIR FOLDING MARQUEE++PADDED BLK VINYL ST LWJHA0067^	1	Each	7.23	7.23	0.72	7.95
4	3192212	TABLE BLOW MOULD LIFETIME++6FT STANDARD 80530^	1	Each	44.55	44.55	4.45	49.00
GRAND TOTAL			4			77.67	7.76	85.43

*** Quote Valid until 01-OCT-2017 ***
 All care taken but no responsibility accepted for any errors or omissions. It is the customer's responsibility to confirm all items and quantities prior to any order being accepted.

*** This quote is strictly confidential ***

20 Tables @ \$49 - \$980
 80 chairs @ \$19 \$1520
\$2500

Item 7.2.3 - Attachment 2 - 39/2017: Salisbury 8 Ball and Sports Association of SA Inc. - Additional Information

[Redacted]

Quotes & Estimates

[Redacted]

Delivery

[Redacted]

Collection

[Redacted]

Installation

[Redacted]

Warranties

[Redacted]

Payment

[Redacted]

Cancellation & Returns

[Redacted]

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 Salisbury 8 Ball and Sports Association Inc
(Group/Organisation)

Sally Reesop Secretary and Domenic Caruso Vice President
(Name/Position)

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

13-11-17 13-11-17
(Date) (Date)

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

Both signatories will be contacted to verify the application - a contact phone number must be provided for each. Your application will not be submitted 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

ITEM	7.2.4		
	SPORT, RECREATION AND GRANTS COMMITTEE		
DATE	15 January 2018		
PREV REFS	Sport, Recreation and Grants Committee	7.2.2	09/10/2017
HEADING	23/2017: The Lions Club of Paralowie Inc. - Community Grants Program Application		
AUTHOR	Bronwyn Hatswell, PA to General Manager, Community Development		
CITY PLAN LINKS	<p>3.2 Have interesting places where people want to be.</p> <p>3.3 Be a connected city where all people have opportunities to participate.</p> <p>4.3 Have robust processes that support consistent service delivery and informed decision making.</p>		
SUMMARY	The Lions Club of Paralowie 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. 23/2017: The Lions Club of Paralowie Inc. - Application

1. BACKGROUND

- 1.1 The Lions Club of Paralowie Inc. Application was received for the October 2017 round of Community Grants Program funding.
- 1.2 The Application was incomplete and required further information.

2. REPORT

- 2.1 The original 23/2017: Lions Club of Paralowie Inc. Application was received for the October 2017 round of Community Grants Program funding however the application was incomplete and required further information as follows:
 - the application form was not completed in its entirety and it was requested that the incomplete areas be addressed and returned;
 - a detailed, current quote was not provided;
 - evidence that the Committee has *endorsed* submission of the Community Grant Application was not provided; and

- clarification was sought regarding the date of the event that funding is requested for.

- 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 Lions Club of Paralowie 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: 09/01/2018

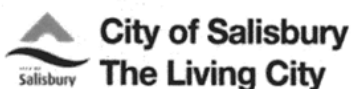


Community Grants Program

Application Form

Applications for Community Grants must be received by the 15th of each month to be assessed by the Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15th 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 checked="" 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 NOT 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			
1. GROUP / ORGANISATION DETAILS			
Name:	LIONS CLUB OF PARALOWIE		
Address:			
Suburb: SALISBURY NORTH	Postcode: 5108		
2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)			
Name:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>		
Title (your role with the group/organisation):			
Address:			
Phone:	Landline: Mobile:		
Email:			
3. COMMUNITY GRANT RESPONSIBILITY			
Name of Person Responsible for the Grant:	Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>		
Title (role with the group/organisation):			
4. GROUP / ORGANISATION MANAGEMENT DETAILS			
How is your group/organisation managed:			
Is your organisation:			
a) Incorporated:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"> Yes <input checked="" type="checkbox"/> (go to question c) </td> <td style="width: 50%;"> No <input type="checkbox"/> (go to question b) </td> </tr> </table>	Yes <input checked="" type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question b)
Yes <input checked="" type="checkbox"/> (go to question c)	No <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%; text-align: center;"> <tr> <td style="width: 50%;"> Yes <input checked="" type="checkbox"/> (go to question c) </td> <td style="width: 50%;"> No <input type="checkbox"/> (go to question c) </td> </tr> </table>	Yes <input checked="" type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question c)
Yes <input checked="" type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question c)		
Parent Organisation			
Name:	LIONS INTERNATIONAL		
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 type="checkbox"/>
d) Government Funded: <i>(If Yes, please list funding source/s and purpose in part e & 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
5. BANKING INFORMATION		
<i>Your organisation must have its own Bank/Credit Union Account or similar</i>		
Full Account Name: <i>*do not provide account or BSB numbers*</i>	Financial Institution Name:	
	Branch Location:	
6. REFEREE INFORMATION		
<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:	BRENTON FRANKS	
Referee's Contact Information:	WORK - [REDACTED] email - [REDACTED]	

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

GST Declaration		
<p>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.</p>		
<p>Does your group/organisation have an ABN <i>(If Yes - Please Quote ABN:)</i></p> <p>----- <i>(If No, the ABN Declaration Form attached must be signed)</i></p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Is your group/organisation registered for GST</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>NB: GST Registration</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"/> ?
If Yes, provide details:		
INCOME	\$ AMOUNT	
Project or event generated income:	\$ FAMILY CULTURAL ANNUAL FETE	
Organisation's contribution:	\$	
Income received from other Grants: <small>(list organisation(s) providing Grant funding and their contribution)</small>	\$ IN KIND	
Income received from sponsors: <small>(list sponsor(s) and their contribution)</small>	\$ NIL	
Donations: <small>(please specify the source, product or service and estimated amount of funding requested)</small>	\$ NIL	
Have you sought any other funding for the project: <small>(please specify the source and amount of funding requested)</small>	\$ ASKED FOR DONATIONS NON RECIEVE AS JET HIRE OF STANKS \$20-00 EA	
TOTAL (including GST):	\$	
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?	ALL LABOUR VOLUNTRY IN KIND	
EXPENSES <small>(specify the proposed expense budget by item:)</small>	\$ AMOUNT	
GAZEBOS 10 x \$100-00	\$ 1,000.00	
GENERATORS 5 x \$300-00	\$ 1500-00	
BARBECUE SUPPLIES IE	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL (including GST):	\$	

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

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

Project/Event Details	
Previous Community Grants Program Funding	
Has your Organisation previously received a Community Grant? (If Yes – when, amount granted and what the grant was for:)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(go to Group/Organisation Information)</i>
When was the Grant funding received (month & year):	/
What amount of Grant funding was provided: \$	
When was the previous Grant acquitted (month & year):	
Group/Organisation Information	
Group/Organisation Name	LIONS CLUB OF PARALOWIE
Group/Organisation Description	COMMUNITY SERVICE CLUB
Group/Organisation Registered Address	Number/Street: P.O. BOX 157 SALISBURY Suburb: SALISBURY Postcode: 5108
Is the Club Incorporated?	YES
Number of Members	25
% of Membership that reside in the City of Salisbury	ALL
Project/Event Details	
Project/Event Name	NORTHERN COMMUNITY FAMILY FETE
Project/Event Summary	MULTICULTURAL UNIFICATION.
Date(s) of Project/Event	NOVEMBER, 1ST SUNDAY YEARLY
Location of Project/Event:	Number/Street: SALISBURY NTH FOOTBALL oval Suburb: CASSTER RD Postcode: 5108
How will the Project/Event benefit the residents of the City of Salisbury?	BRINGING COMMUNITY TOGETHER
How many individuals will benefit from the Project/Event?	2,000 TO 3000
% of project/event participants that reside in the City of Salisbury	ALL ADVERTISING IS LOCAL SCHOOLS, BUSINESS, CULTURAL GROUPS
If it is an Event, is it open to the public?	YES YES YES
How will the Project/Event be promoted?	GENERAL ADVERTISING, POSTAL, FLIER FACE BOOK

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

Grant Money Requested	
Amount Requested	\$ 2,500.00
Itemised Breakdown of Costs: <i>An itemised breakdown of costs must be provided. Please attach a separate sheet if there is insufficient space.</i>	
GA	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (including GST):	\$
Quote Attached: <i>A detailed, current quote <u>must</u> be provided with the application.</i>	<input type="checkbox"/> Yes <div style="float: right;"><input type="checkbox"/> No</div> <div style="clear: both;"></div> <p style="font-size: small; margin-top: 5px;"><i>(please refer to the City of Salisbury Guide to completing the Community Grants Program Application Form)</i></p>

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 style="text-align: center;"> COMMUNITY FETE INVOLVING AREA SCHOOL, JUNIOR & SENIOR SPORTING CLUBS CULTURAL GROUPS </p> <p>Attachments</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"> 1. 2. 3.

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 style="text-align: center;"> CULTURAL AWARENESS, MONEY RAISED TO BE FOR THE BENEFIT OF COMMUNITY AT LARGE IN VARIOUS PROJECTS </p>

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

Support for the Project or Event

Demonstrate how the proposed project or event is supported by residents of the City of Salisbury and/or the wider community:
(include a list of key partners and/or stakeholders, community members and organisations that have been consulted, how and why they support the project or event and any other information that demonstrates support.

ATTENDANCE PLUS OVER
 TO STAFFS, CULTURAL, POLICE
 ST JOHNS, COUNCIL, NEIGHBOURHOOD
 WATCH, ETHNIC GROUPS.
 GHANA WELCOME.

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)

YEARLY REVISION, ON SUCCESSSES
 GROWTH IN COMMUNITY AWARENESS
 ARCHIVEING ALL EVENTS INFORMATION

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 Paralowie Lions (Group/Organisation)

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

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

PRESIDENT SECRETARY.

6/9/17 (Date) 6/9/17 (Date)

Contact (phone number): [Redacted] C [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 type="checkbox"/>
As an individual 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

ITEM	7.2.5
	SPORT, RECREATION AND GRANTS COMMITTEE
DATE	15 January 2018
HEADING	01/2018: The Pakeer Community Association of South Australia Inc. - Community Grants Program Application
AUTHOR	Bronwyn Hatswell, PA to General Manager, Community Development
CITY PLAN LINKS	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.
SUMMARY	The Pakeer Community Association of South Australia Inc. 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. 01/2018: The Pakeer Community Association of South Australia Inc. - Application

1. BACKGROUND

- 1.1 The Pakeer Community Association of South Australia Inc. has not received prior Community Grants Program funding.
- 1.2 The Application is deemed ineligible in accordance with section 8 of the Guidelines and Eligibility Criteria.

2. REPORT

- 2.1 The Pakeer Community Association of South Australia Inc. Application is deemed ineligible for Community Grants Program funding in accordance with the Guidelines and Eligibility Criteria section 8. *Eligibility to Apply*, as the organisation is registered with the entity type 'Other Unincorporated Entity'.
- 2.2 The Pakeer Community Association of South Australia Inc. was advised that the application is ineligible.
- 2.3 The Pakeer Community Association of South Australia Inc. Application is submitted for information to the Sport, Recreation and Grants Committee.

3. CONCLUSION / PROPOSAL

- 3.1 The Pakeer Community Association of South Australia Inc. Application is deemed ineligible for Community Grants Program funding in accordance with the Guidelines and Eligibility Criteria section 8. due to the organisations registration entity type being 'Other Unincorporated Entity'.
- 3.2 The Pakeer Community Association of South Australia 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: 09/01/2018



Community Grants Program

Application Form

Applications for Community Grants must be received by the 15th of each month to be assessed by the Sport, Recreation and Grants Committee the following month (i.e. an application received by the 15th 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"> • Money already spent? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • 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"/>
<ul style="list-style-type: none"> • Recurrent administration costs? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Capital development (e.g. renovations or building changes that will be permanently part of the structure)? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Upgrading facilities which belong to Local, State or Commonwealth Governments? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Application from Public / Private Schools? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • An organisation trading as a sole trader/individual? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • 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"/>
<ul style="list-style-type: none"> • Groups/organisations that have previously received funding and NOT fulfilled reporting obligations, including provision of post event evaluation/report and financial acquittal? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • 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			
1. GROUP / ORGANISATION DETAILS			
Name:	PAKEER COMMUNITY ASSOCIATION OF SOUTH AUSTRALIA		
Address:	10 MAPLETON CCT		
Suburb:	MAWSON LAKES SA Postcode: 5095		
2. CONTACT PERSON DETAILS (this is the address that all correspondence will be sent)			
Name:	Mr PAUL P GARANG		
Title (your role with the group/organisation):	PUBLIC OFFICER		
Address:	[REDACTED]		
Phone:	Landline: Mobile: [REDACTED]		
Email:	[REDACTED]		
3. COMMUNITY GRANT RESPONSIBILITY			
Name of Person Responsible for the Grant:	Other: PAUL P GARANG		
Title (role with the group/organisation):	PUBLIC OFFICER		
4. GROUP / ORGANISATION MANAGEMENT DETAILS			
How is your group/organisation managed:	MANAGED AS COMMUNITY BASED ASSOC-		
Is your organisation:			
a) Incorporated:	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> Yes <input checked="" type="checkbox"/> (go to question c) </td> <td style="text-align: center;"> No <input type="checkbox"/> (go to question b) </td> </tr> </table>	Yes <input checked="" type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question b)
Yes <input checked="" type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question b)		
ASIC Registration Number:	A40727		
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="0" style="width: 100%;"> <tr> <td style="text-align: center;"> Yes <input type="checkbox"/> (go to question c) </td> <td style="text-align: center;"> No <input type="checkbox"/> (go to question c) </td> </tr> </table>	Yes <input type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question c)
Yes <input type="checkbox"/> (go to question c)	No <input type="checkbox"/> (go to question c)		
Parent Organisation			
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 & f)</small>	Yes <input type="checkbox"/> <small>(go to question e & f)</small>	No <input checked="" type="checkbox"/>
e) Funding source/s:	MEMBERS	
f) Purpose:	COMMUNITY EVENT CULTURAL ACT	
g) Other (please specify):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. BANKING INFORMATION		
<i>Your organisation must have its own Bank/Credit Union Account or similar</i>		
Full Account Name: PAKEER COMMUNITY ASSOCIATION OF SA <small>*do not provide account or BSB numbers*</small>	Financial Institution Name: [REDACTED]	Branch Location: [REDACTED]
6. REFEREE INFORMATION		
<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:	REVID DAVIDSON AMOL	
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 <small>(If Yes - Please Quote ABN:)</small> 73961 362 024 <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"/>
NB: GST Registration If your group IS registered for GST you are required to provide a Tax Invoice to Council before an approved grant amount can be provided to your organisation. The invoice must clearly state the words TAX INVOICE, Business Name, ABN and the approved grant amount including GST.		

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>	
INCOME	\$ AMOUNT
Project or event generated income:	\$ 0-00
Organisation's contribution:	\$ 4742.50
Income received from other Grants: <small>(list organisation(s) providing Grant funding and their contribution)</small>	\$ 0-00
Income received from sponsors: <small>(list sponsor(s) and their contribution)</small>	\$ 0-00
Donations: <small>(please specify the source, product or service and estimated amount of funding requested)</small>	\$ 0.00
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
TOTAL (including GST):	\$ 0
What resources will you and your group contribute to the project e.g. in-kind donations, labour, time etc.?	LABOUR, TIME
EXPENSES <small>(specify the proposed expense budget by item:)</small>	\$ AMOUNT
HALL HIRE	\$ 1300.45 for 2 days
PA SYSTEM & DJ	\$ 1000.20 for 2 days
CATERING	\$ 3500.00 for 2 days
TRANSPORT & FUEL	\$ 520.00 for 2 days
BONDS FOR HALL	\$ 350.00 - REFUNDABLE
TOTAL (including GST):	\$ 6670.65

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	COMMUNITY CULTURAL AND YOUTH ACTIVITIES → EDUCATION YOUTH ABOUT
Date(s) of Project/Event <i>(if ongoing please state "ongoing")</i>	26-27 December 2017
Total cost of Project/Event	so \$ 6670.65 including refundable bonds -
Amount of Community Grant Funding Requested	\$ 2000.00
Is there any other information that you may feel is relevant to your application?	NB: The Association ABN is wrongly entered or registered by the Australian Taxation Office → AS unincorporated but incorporated → Refers "ASIC"
<input checked="" type="checkbox"/> There are no relevant attachments.	<input type="checkbox"/> There are relevant attachments and the following documents are attached: 1. 2.
Which category best describes your project/event? <i>(please check all that apply)</i>	
Health	<input 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 type="checkbox"/>
Youth	<input checked="" type="checkbox"/>
Crime Prevention	<input checked="" type="checkbox"/>
Aged	<input type="checkbox"/>

TO 1 Pec Ful Inv in

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

Project/Event Details

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

Group/Organisation Information	
Group/Organisation Name	PAKEER COMMUNITY ASSOCIATION SA
Group/Organisation Description	COMMUNITY BASED ORGANISATION-INC
Group/Organisation Registered Address	Number/Street: 10 MAPLETON CCT Suburb: [REDACTED] Postcode: [REDACTED]
Is the Club Incorporated?	YES
Number of Members	367
% of Membership that reside in the City of Salisbury	89%

Project/Event Details	
Project/Event Name	COMMUNITY/YOUTH CULTURAL ACTIVITIES
Project/Event Summary	Education Youth and active community as matters related to crime and prevention
Date(s) of Project/Event	26-27 December 2017
Location of Project/Event:	Number/Street: Mamson Lakes Primary School - Suburb: Mamson Lakes SA Postcode: 5095
How will the Project/Event benefit the residents of the City of Salisbury?	The event is open for everyone, help community/residents to leave in hi
How many individuals will benefit from the Project/Event?	Over 400, and every residents of Salisbury inclusively
% of project/event participants that reside in the City of Salisbury	89%
If it is an Event, is it open to the public?	No YES
How will the Project/Event be promoted?	Speeches from elders, cultural activities to close off the last day

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

Grant Money Requested	
Amount Requested	\$2000.00
Itemised Breakdown of Costs:	
<i>An itemised breakdown of costs must be provided. Please attach a separate sheet if there is insufficient space.</i>	
Hall HIRE	\$ 1300.45 for 2 days
PA SYSTEM & DJ	\$ 1000.20 for 2 days
CATERING	\$ 3500.00 for 2 days
TRANSPORT & FUEL	\$ 520.00 for 2 days
BOND FOR HALL	\$ 350.00 REFUNDABLE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (including GST):	\$6670.65
Quote Attached: <i>A detailed, current quote <u>must</u> be provided with the application.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(please refer to the City of Salisbury Guide to completing the Community Grants Program Application Form)</i>

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>⇒ Community Based event that initiated to have community in terms of preventing crimes and challenges that passing our community currently. e.g educating young youth about ways forward and how to minimise engaging in crimes such as issues such as confrontation with police -</p> <p>⇒ Engaging in constructive activities such as studies and work.</p> <p>⇒ How to live in harmony with other communities</p> <p>Attachments</p> <p><input checked="" 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"> 1. 2. 3.

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>⇒ Reduction of rate of crimes in the area</p> <p>⇒ create harmony among residents and respect between communities</p> <p>⇒ Residents from other community will enjoy and get the insights of our cultural activities.</p>

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>→ stakeholders are all pakeer community association members.</p>
<p>Attachments</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"> 1. 2. 3.

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>- All members of pakeer community association of south Australia will all participate.</p> <p>- All and every member or resident of salisbury city council area is welcome and have equal opportunity to participate.</p> <p>- Even will run from 1pm to 10pm on 26th and re-start 2pm to 10pm on 27th of December.</p> <p>- All youth have been informed to turn up for both speeches and activities.</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.

Pakeer community ASSOCIATION

On behalf of SOUTH AUSTRALIA (Group/Organisation)

Paul P. Gray, Public Officer and Grak Thwing Chair Person
SECRET

(Name/Position) (Name/Position)

[Signature 1] *[Signature 2]*

(Signature 1) (Signature 2)

01/12/17 01/12/17

(Date) (Date)

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

Pakeer Community Association of South Australia
(Group/Organisation)

Paul P Garang - Public Officer
(Name/Position)

(Signature)

02/12/17
(Date)

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