Community grants program – Application form

Applicant

Name of organisation: ____________________________
Postal address: _____________________________ Postcode: __________
Contact number: ____________________________ email: ______________
ABN: _______________________

If you do not have an ABN please complete an Australian Tax Office Statement by Supplier form.

We are (please tick whichever applies)

☐ a voluntary organisation
☐ a not-for-profit organisation
☐ a community group/organisation
☐ other _______________________

Application

We are applying for a community grant of $__________

We would like the following in-kind support from Council (please identify in-kind support such as Council owned equipment, venues, services, goods or staff time).

$__________

Describe the project or activity the community grant will be used for?

__________________________________________________________________________

Start date: ___________________________
Finish date: _______________________
Project location: ____________________
Application requirements

How does your proposal align with one or more of the Southern Mallee District Council Strategic Management Plan objectives?

How does your proposal meet a demonstrated need?

What is the level of community and visitor benefit and interest in your proposal?

What is the anticipated level of community participation in your initiative?
How does your proposal develop a sense of community?

How do you see your proposal as being innovative?

How does your proposal value add to community facilities or outcomes?
Did you receive a community grant in the last two years?  
☐ Yes  ☐ No

Are there other alternative funding sources for your proposal?  
☐ Yes  ☐ No

Does your group occupy a Council owned building or Council owned land?  
If yes, does your group have a current lease with Council?  
☐ Yes  ☐ No

☐ Yes  ☐ No  Amount $[

**Payment for successful applications**

Council will provide written confirmation of the outcome of your community grant. If your application is successful Council will make a payment of the approved amount into the nominated bank account below.

Is your organisation registered for GST?  
☐ Yes  ☐ No

A compliant tax invoice must accompany this claim form, claiming the grant value plus 10% GST, if applicable.

Please pay this grant by (please tick one)  
☐ Cheque  ☐ EFT

Bank name ...........................................  Branch..............................................................

BSB...........................................  Account Number ......................................................

Account Name ........................................................................................................

**Terms and conditions**

I declare I am authorised to make this community grant application and confirm and agree that:

1. All information given in this application is true and correct.
2. Any grant received will be used for the project described above and that I must obtain Council approval in writing of any changes to the project.
3. Any funds not expended on completion of the project will be returned to Council.
4. Council will be acknowledged in any publications or publicity regarding the funded project.
5. The funded project will be completed and a Community Grants Acquittal form lodged with Council by 30 June 2021.

Name: ___________________________  Signature: _____________________________

Date: ___________________________

**Please forward application to:** Community Grants Program,
Southern Mallee District Council,
PO Box 49, PINNAROO SA 5304

**Enquiries:** Phone (08) 8577 8002 or email council@southernmallee.sa.gov.au