

COMMUNITY GRANTS SCHEME

RECORD NO :

FILE NO : 7.41.6

APPLICATION FORM

Please consult the Community Support Policy to ensure eligibility and to view guidelines:

https://www.coppercoast.sa.gov.au/_data/assets/pdf_file/0020/1333532/Community-Support-Policy-FIN004-C50.0322.pdf.

APPLICANT			
NAME			
ADDRESS			
POSTAL ADDRESS			
ABN	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO - Please supply "Statement by Supplier"		
REGISTERED FOR GST	<input type="checkbox"/> YES <input type="checkbox"/> NO	RECEIVED COMMUNITY GRANT FUNDING PREVIOUSLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF MEMBERS			

CONTACT DETAILS			
NAME		POSITION	
MOBILE NUMBER		ALTERNATE NUMBER	
EMAIL			

DESCRIPTION OF PROJECT	
WHAT DO YOU WANT TO DO?	

<p>HOW WILL YOU IMPLEMENT THE ACTIVITY, PROGRAM OR PROJECT?</p>	
<p>HOW WILL THIS PROJECT BENEFIT THE PARTICIPANTS OF THE BROADER COPPER COAST COMMUNITY?</p>	
<p>PROJECT CRITERIA</p>	
<p>Please explain how your activity, program or project addresses one or more of Council's objectives as listed below and whether it addresses other organisational or regional plans or objectives?</p> <p>Council objectives:</p> <ul style="list-style-type: none"> • To promote and improve community harmony by supporting initiatives that address the diversity of social, cultural and recreational needs in the community and maximise the access and usage of community facilities and services. • To stimulate the communities of the Copper Coast Council through the provision of seeding grants to assist in the piloting or establishment of projects and services to meet community needs. • To increase opportunities for participation in the community. 	

MONITORING AND EVALUATION
How will you know if you have achieved your goals and objectives? How will you measure the success or otherwise of the project?
OTHER COMMENTS IN SUPPORT OF YOUR APPLICATION

BUDGET		
<p>Please provide a detailed budget for the project or program. Your budget must include full details of all expenses plus all sources of income for the project. Particulars about in-kind support should be included. (In kind labour means: if your members provide voluntary hours towards the project you can include those hours e.g. 30 hours @ \$30/hour, and this will count towards the cost of your project and so increase the amount of grant you may receive)</p> <p>Council grants are to a maximum of \$5,000 (\$10,000 in some specific cases). Up to \$1,000 do not require matching funds from the applicant; however grants from \$1,001 to \$5,000 require matching dollar for dollar. Grants over \$5,000 will require two dollars matched for every dollar from Council.</p>		
EXPENDITURE	DESCRIPTION	COST
PROJECT STAFF WAGES		
MATERIALS		
CONTRACTORS		
EQUIPMENT HIRE		
ADVERTISING/PRINTING		
PHOTOCOPYING		
VENUE HIRE		
IN-KIND LABOUR / CONTRIBUTIONS		
OTHER		
TOTAL		

INCOME		
YOUR ORGANISATIONS FINANCIAL CONTRIBUTION		
CONTRIBUTION/S FROM OTHER SOURCES		
GRANT REQUIRED		
TOTAL Should equal the expenditure total minus any in-kind contributions		

HAVE YOU APPLIED TO OTHER FUNDING BODIES FOR ASSISTANCE WITH THIS PROJECT?	
If yes, please provide the name(s) of the funding body or agency, the amount(s) requested, the purpose of the funds and if they have already been granted	

ABOUT YOUR ORGANISATION			
NOT FOR PROFIT GROUP/ORGANISATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR GROUP/ORGANISATION INCORPORATED	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , it is essential that the following section be completed by the incorporated body that will take legal and financial responsibility for the administration of the grant.			
NAME OF SPONSOR ORGANISATION			
ADDRESS			
ABN			
The above sponsor organisation agrees to take legal and financial responsibility for the administration of any approved grant funds on behalf of _____			
Should the application be successful the grant funds can be forwarded to our organisation via: <i>Council preference is via EFT</i>			
<input type="checkbox"/> CHEQUE		<input type="checkbox"/> EFT	<div style="display: flex; justify-content: space-between;"> <div style="background-color: #f4a460; padding: 2px;">BSB</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="background-color: #f4a460; padding: 2px;">ACCOUNT NUMBER</div> <div></div> </div>
SIGNED		POSITION	
NAME		CONTACT NUMBER	

PAYMENT FOR SUCCESSFUL GRANT APPLICATIONS
Should your grant application be successful, the Copper Coast Council can provide an optional payment by Electronic Funds Transfer (EFT). Grant funds paid by EFT will be deposited into your nominated bank account automatically, eliminating the need to wait for a cheque to clear. A remittance advice confirming the details of the EFT payment will be forwarded to you either by mail or email. Successful applicant organisations that are not incorporated will have their grant funds paid to their sponsor organisation.
If you nominate the EFT option, an EFT Payment Request Voucher will be forward with your grant approval letter. You or your sponsor organisation will be required to complete this form and return to Council. Bank details will be stored electronically in a confidential file used by Finance staff only.

CONDITIONS OF THE GRANT & DECLARATION

On behalf of _____
(Applicant organisation)

We, being the authorised officers of the organisation making this declaration, confirm and agree to the following:

- (a) The information given in this application, including any attachments hereto is true and correct in every particular.
- (b) That moneys received from the Copper Coast Council will be spent on the approved activity and as outlined in the project grant application. The Council must approve any changes to the project.
- (c) That moneys provided by the Copper Coast Council under the Community Grants Program will be spent by the applicant organisation within 12 months of receiving the grant funds, unless otherwise negotiated.
- (d) Any moneys not expended on completion of the project will be returned to the Council.
- (e) To acknowledge Council's funding of the project in any publicity or promotion.
- (f) To provide the Copper Coast Council with an acquittal report within three months of the completion date of the project.
- (g) To provide the Council with a financial statement, certifying that moneys have been expended in accordance with the grant approval within three months of the completion date of the project. Sponsored applicants will need to obtain this report from their auspicing organisation.
- (h) That failure to comply with these conditions may preclude our organisation from accessing further grant funds in the future and requirement to re-pay grant moneys.
- (j) That, if your club is operating from licensed premises, we will also agree to join the "Good Sports Program" and support responsible alcohol consumption.

Attached is:

- ☐ Any support documentation. Documentation should be kept to a minimum of two pages unless otherwise negotiated. This excludes documentation for other items listed below.
- ☐ A copy of relevant insurance/s (cover page)
- ☐ The most recent Certified Financial Statement detailing, income and expenditure, assets and liabilities. (your application will not be processed without a Financial Statement signed by your auditor or treasurer)
- ☐ Quotes for all budget items
- ☐ Copy of organisations constitution and strategic plan or equivalent (if applicable)

To be signed by two signatories on behalf of the applicant organisation.

SIGNATURE		DATE	
NAME		POSITION	

SIGNATURE		DATE	
NAME		POSITION	

Return this application, or any enquiries to:

Holly Cowan

Economic Development and Community Engagement Coordinator

Copper Coast Council

PO Box 396

51 Taylor Street,

KADINA SA 5554

Phone: 8828 1200

Email: info@coppercoast.sa.gov.au