Project Title

PROJECT CATEGORY

Health

Arts and Culture

Recreation and Sport Environment Community Development Other:

Council encourages applicants to consider and demonstrate a proactive approach to environmentally sustainable practices in all projects.

Amount Requested (maximum \$1000)

APPLICANT DETAILS

Applicant/Organisation name:		
Contact Person:		
Position:		
ABN:		
* If an incorporated organisation please include certificate of incorporation with application.		
Postal Address:		
Phone: Mobile:		
Email:		
Public Liability Insurance: Yes No * If insured please include current public liability insurance certificate with application.		

PROJECT DETAILS

Description of Project

(Provide a brief project overview. What needs will it address? How were they identified? Why is the grant required? Attach additional documents if needed, for example, a letter of support):

Where applicable, provide an overview of any environmental considerations in the development and delivery of your project: (For example, waste management, compostable/recyclable packaging, sustainable use of resources including water and energy, etc).

What outcomes are expected from this project?: (Who will benefit? What will the benefits be?)

Who will manage / coordinate / monitor this project?: (How many people will be involved? How will the project be evaluated?)

Project timeframes (anticipated commencement and completion dates):

FINANCIAL/BUDGET DETAILS

INCOME	
Town of Gawler Community Grant	\$
Applicant Contribution	
• Cash	\$
In kind materials	\$
In kind labour (value at \$20/hour)	\$
Total applicant contribution	\$
Additional funding (eg. other grants / donations / sponsorship)	
	\$
	\$
	\$
Total Project Income	

EXPENDITURE	
	\$
	\$
	\$
	\$
	\$
	\$
Total Project Expenditure	

ADDITIONAL INFORMATION

Please provide any other supportive information (eg. quotes, support letters):

DECLARATION AND UNDERTAKING BY APPLICANT

We, the persons making this application declare that;

- a. We have read and understood the guidelines for the Town of Gawler Community Grants; and
- b. The information supplied in this application is to the best of our knowledge true, accurate and complete.

In the event that a grant is offered for the project, which is the subject of this application, we undertake to observe the following conditions.

- To use the grant only for the purpose outlined in the application.
- To seek approval from the Council prior to any significant changes to the budget.
- To seek approval from the Council prior to any significant changes to the project.
- To acknowledge the Council's assistance in any material relating to the project.
- To spend the monies within the stated period, except with prior written approval of the Council.
- · To return unexpended grant monies to Council.
- To provide a brief report within three months of the conclusion of the project, including a signed statement of expenditure.
- I understand that information in relation to this project will be made public.

Name (Chairperson, CEO, Director)

Signature:	Date:
Name (Contact person)	
Signature:	Date:

On behalf of (administering organisation)

Completed applications can be forwarded to the Town of Gawler by:

In person: 43 High Street, Gawler East SA 5118

Mail: PO Box 130 Gawler SA 5118

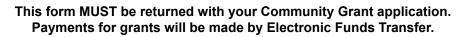
Email: communitygrants@gawler.sa.gov.au

APPLICATIONS CLOSE: Friday 29 March 2024 at 5pm. NO LATE APPLICATIONS WILL BE ACCEPTED

Enquiries to Community Development Officer: 8522 9208 or communitygrants@gawler.sa.gov.au

DO NOT COMPLETE - OFFICE USE ONLY

Project No:		
Date Received:		
Amount Requested:		
Criteria met:	Yes	No
Application Acknowledged:		



Please complete ALL the details below.

All details provided will be kept confidential and disposed of in the case of an unsuccessful application.

DETAILS		
Name:		
Business / Trading Name:		
Address:		
Suburb:	State:	P/Code:
Postal Address:		
Suburb:	State:	P/Code:
ABN:		
Email Address:		
Phone Number:		
Bank Account Details: BSB	Acc/Number:	
Account Name:		
Completed by: Signature		
Print Name:	Date:	

OFFICE USE ONLY		
Payable to:		
Reason:		
WO Number:	Amount: \$	
Requested by:		
Authorised by:		
Date:		