

2023/24 COMMUNITY GRANTS APPLICATION FORM

Project Title	
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PROJECT CATEGORY

Health

Recreation and Sport

Community Development

Arts and Culture

Environment

Other:

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

Amount Requested (maximum \$1000)	
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APPLICANT DETAILS

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

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):

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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?)

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Project timeframes (anticipated commencement and completion dates):

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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	

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ADDITIONAL INFORMATION

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

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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:

EFT Payment Details for Community Grants

**This form MUST be returned with your Community Grant application.
Payments for grants will be made by Electronic Funds Transfer.**

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:	