

2018/19 COMMUNITY GRANTS APPLICATION FORM

Project Title	
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PROJECT CATEGORY

Health

Arts and Culture

Recreation and Sport

Environmental

Community Development

Other:

Amount Requested <i>(maximum \$1000)</i>	
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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):

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	

ADDITIONAL INFORMATION

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

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 or

APPLICATIONS CLOSE: 5pm, Friday 21 September, 2018 NO LATE APPLICATIONS WILL BE ACCEPTED

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

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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 unexpanded 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)

OFFICE USE ONLY

Project: No:

Date Received:

Application Acknowledged:

Amount Requested:

Criteria met: Yes No

Amount Approved:

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 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:	
G.L. Account:	Amount: \$
Requested by:	
Authorised by:	
Date:	