



SCHEDULE 1 - COMMUNITY GRANTS PROGRAM APPLICATION FORM

NAME AND ADDRESS OF APPLICANT

Organisation name:

Postal Address:
.....

Does your organisation have an ABN? Yes/No

If "Yes", please provide the ABN

If "No", please complete "Statement of Supplier" form

Is your organisation registered for the GST? Yes/No

Special note:

When a grant is paid for a specific purpose or with any conditions, GST is payable on the grant.

Where grants are provided to GST registered organisations, the Council will increase the grant by 10 per cent. This is dependent on the submission of a tax invoice from the successful organisation.

Where an organisation is not registered for GST, GST is payable on goods and services and the grantor (Council) is not entitled to an input tax credit. Council therefore reserves the right not to increase the grant to compensate for an unregistered organisation having to pay GST.

CONTACT DETAILS - FOR ENQUIRIES RELATING TO THE APPLICATION

Full name:

Position in Organisation:

Telephone: (Day Time Contact)Mob:

Email:Fax:

BUSINESS PLAN AND BUDGET

Please provide a detailed business plan and budget for the project. Your business plan and budget must include full details of your proposal, including costs and all sources of income for the project. Particulars about in-kind support must be included.

The business plan may be incorporated in responses to questions 1 to 7, inclusive, above, or a separate document. If a separate document is prepared, please note in response to questions 1 to 7, inclusive, "Refer to separate business plan".

Description	Units	Unit cost	Total
Expenditure			
Project staff wages			
Materials			
Contractors			
Equipment hire			
Advertising/Printing			
Photocopying			
Postage			
Venue hire			
Other – in-kind expenses ¹			
Other			
Total expenditure			
Income			
Fees and charges			
Grants/donations from other sources (include source name)			
Other – in-kind income off-set (include details in note ¹ above)			
Total income			
Grant Required (Total expenditure less Total income)			

About the applicant

Please confirm that you are or your group or organisation is a not-for-profit individual, group, or organisation - Yes/No

Is your group or organisation incorporated? Yes/No

If your answer is “**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 (insert name of sponsoring organisation) agrees to take legal and financial responsibility for the administration of any approved grant funds on behalf of (insert name of applicant).

PAYMENT FOR SUCCESSFUL GRANT APPLICATIONS

If your grant application is successful, payment arrangements will be negotiated with Council staff.

Grant funds will be paid to the sponsoring incorporated organisation where the applicant is not an incorporated body.

CONDITIONS OF THE GRANT

I/We (insert name of applicant) being the applicant, or the authorised officers of the sponsoring organisation making this declaration, confirm and agree to the following:

1. The application includes and or is accompanied by a business plan, drawings, and documents that detail the project
2. The application is accompanied by copies of all required approvals and relevant certificates of currency from insurance companies
3. The application is accompanied by a copy of the audited annual statements of the applicant for the year prior to the submission of this application
4. The Council will not approve a grant where the audited annual financial statements for the year prior to the submission of this application show that the applicant is holding significant cash reserves
5. If the application is successful, the funds received from the Council for the approved project will be spent only on the approved activity shown in the grant application form and attachments
6. If the application is successful, the approved project will not be changed in any way without the specific, prior approval of the Council
7. If the application is successful, the funded project will be completed within the financial year in which the grant funds are approved

8. If the application is successful, a funding agreement will be executed within 14 days of the receipt of written advice that the application has been approved by the Council
9. If the application is successful, payment of the approved grant funds, including payment instalments, will be negotiated by the successful applicant with the Council staff
10. If the application is successful, any funds not expended on completion of the project will be returned to the Council immediately
11. If the application is successful, Council's funding of the project will be acknowledged in any publicity or promotion
12. If the application is successful, where the funding conditions are not satisfied, the funds will, either not be paid, or any paid grant funds will be refunded to the Council
13. If the application is successful, an acquittal form, a project evaluation report, a financial statement certifying that the funds have been expended in accordance with the grant approval, and supporting evidence (photographs, documents, etc.) will be lodged with the Council within 21 days of practical completion of the approved and funded project
14. If the application is successful, failure to comply with these conditions will preclude the applicant and or the sponsoring organisation from eligibility for Community Grant Program funds in the future
15. If successful, and the applicant or sponsoring organisation operates from licensed premises, both the applicant and or the sponsoring organisation will join the "Good Sports Program" and support responsible alcohol consumption
16. Compliance with Council's *Community Grants Policy* and all associated procedures and conditions that apply to that policy (copy attached)
17. The information given in this application, including any attachments hereto, is true and correct in every particular.

DOCUMENTATION CHECKLIST

Attached is:

1. A copy of the project business plan (if not included in this application form)
2. Supporting documents about the application
3. Certified Financial Statement for the last financial year detailing income and expenditure, and assets and liabilities. Please note that your application will not be processed without a Financial Statement signed by your auditor or treasurer.
4. Quotes for any purchases (if applicable)
5. Details of any other sources of income.

Please ensure that the application is signed by two different signatories on behalf of the applicant organisation and returned, with the required attachments, to:

Chief Executive Officer
District Council of Elliston
PO Box 46,
ELLISTON SA 5670

Organisation name_____

Name_____

Position Held_____

Signature_____

Date_____

Name_____

Position Held_____

Signature_____

Date_____



SCHEDULE 2 – COMMUNITY GRANT PROGRAM ACQUITTAL FORM

Funding Recipient Details	
Recipient (organisation)	
Postal address of recipient	
Phone number:	
Fax number:	
Contact Person Full Name	
Total amount of funding received from Council	\$
What was the funding spent on?	
Date of event/ date project was completed	

Acquittal details (Please attach)	
<input type="checkbox"/> Receipts of goods/ services purchased with Council funding	
I CERTIFY THAT THE ABOVE ATTACHMENTS ARE A TRUE AND ACCURATE RECORD OF THE DISTRIBUTION OF THE FUNDING AWARDED BY THE DISTRICT COUNCIL OF ELLISTON	
Full name:	Signature:
Position held:	Date:
Post acquittal (with receipts) to District Council of Elliston, PO Box 46, Elliston, SA, 5670. Phone 8687 9177 if you have enquiries.	