

# Community Funding Program Grants

## Application Form

All applicants please note:

- Read the relevant Guidelines prior to completing this application form.
- Ensure you attach supporting materials.
- Please print clearly and legibly.
- Applications must be completed in full or they will not be accepted.
- Applications may be submitted in hard copy or electronically.

Applicant/Organisations Details	
Name of Organisation or Auspice* (if applicable) <i>*please complete Appendix 1</i>	
Name of Applicant	
Address	
Email Address	
Telephone/Mobile	

Funding Category 1. Community Grants Scheme			
Which of the following funding categories does your project best reflect? (please tick one box only)			
Community Development	<input type="checkbox"/>	Events	<input type="checkbox"/>
Environment	<input type="checkbox"/>	Sport & Recreation	<input type="checkbox"/>

OR

Funding Category 2. Public Art & Culture Grants Scheme			
Which of the following funding categories does your project best reflect? (please tick one box only)			
Artistic Development	<input type="checkbox"/>	Visual Public Art	<input type="checkbox"/>
Artistic & Cultural Programs & Events			<input type="checkbox"/>

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City of Norwood Payneham & St Peters  
175 The Parade, Norwood SA 5067

Telephone 8366 4555  
Email [townhall@npsp.sa.gov.au](mailto:townhall@npsp.sa.gov.au)  
Website [www.npsp.sa.gov.au](http://www.npsp.sa.gov.au)  
Socials [/cityofnpsp](https://www.facebook.com/cityofnpsp) [@cityofnpsp](https://www.instagram.com/cityofnpsp)



City of  
Norwood  
Payneham  
& St Peters

Eligibility Criteria				
Is the applicant: (please tick one box only)				
Non-Profit Organisation	<input type="checkbox"/>	Non-Government Organisation	<input type="checkbox"/>	
Sporting/Recreation Club	<input type="checkbox"/>	Community Organisation/Group	<input type="checkbox"/>	
Educational Institution (specific categories)	<input type="checkbox"/>	Voluntary Association/Service Club	<input type="checkbox"/>	
Individual(s)	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Does the organisation/applicant have an ABN?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please list ABN number:	<input type="text"/>			
Is your organisation/applicant registered for GST?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tell us Briefly about you/your organisation:				

Description of the Project/Activity
Name of project, program, activity, event, or initiative.
Please describe your proposed project, program, activity, event, or initiative.
Where will you undertake or deliver the proposed project, program, activity, event or initiative?

List project partners, if applicable, and attach any letters of support or location approval.

What are the anticipated outcomes of the project/activity? (e.g. increase skills, activate local Community and increase Community participation)

### Target Audience

Who does your project/activity identify, target or cater for?

Socially Isolated		Culturally or linguistically diverse		Disabled	
Local Community		Young People		Positive Ageing	
Other (please specify)					

### Timeframe

Expected start date	
Expected completion date	

### Publicity and Promotion

How will you promote your project/activity? Please provide details.

Provide us with organisations/applicants' website URL or social media handles

Budget	
What is the <u>total cost</u> of the proposed project/activity?	
What is the <u>amount requested</u> from the Council's Community Funding Program?	
Please provide details on how Council funds will be spent. Quotes should be provided with this application as appropriate.	
Details (Item/Activity)	Amount

Other Funding			
Have other Government Agencies/Funding Bodies been approached for financial assistance?	Yes		No
If yes, please provide details below.			

Previous Council Grants Received		
Please list any financial support received from the Council in the last three (3) years.		
Amount	Date Received	Project or Activity

Declaration	
I hereby certify that I have been authorised to prepare and submit this application and that the information contained in the application is true and correct to the best of my knowledge.	
Applicant's signature	
Name	
Date	

<b>Submission of Applications</b>	
<b>Hard copy applications can be lodged in person:</b>	Norwood Town Hall 175 The Parade, Norwood
<b>Applications can be mailed to:</b>	'Community Funding Program Grants' City of Norwood Payneham & St Peters PO Box 204, Kent Town SA 5071
<b>Electronic submissions may be lodged via email to:</b>	<a href="mailto:townhall@npsp.sa.gov.au">townhall@npsp.sa.gov.au</a>

## Appendix 1

Auspice Information – Incorporated Association				
<p>If your group agrees to auspice a grant for an unincorporated group/individual, your responsibilities will include:</p> <ul style="list-style-type: none"> <li>• Reading, understanding and signing the application before it is submitted</li> <li>• Receiving and banking the funds if the application is successful</li> <li>• Liaising with the applicant about the funding for the project/activity</li> <li>• Paying all accounts as agreed with the applicant</li> <li>• Ensuring accurate and appropriate financial documentation is received and forwarded with the Financial Acquittal and Reporting and Evaluation Form</li> <li>• Providing a financial reconciliation to the applicant at the conclusion of the activity</li> </ul>				
Name of the Auspicing Body				
Name of Contact Person				
Postal Address				
Location Address				
Email Address				
Telephone/Mobile				
Fax				
Auspicing Body's ABN				
Is the organisation or group registered for GST?		Yes		No
<p>If you agree to auspice the grant please sign below. I confirm that I/we agree to auspice the grant.</p>				
Authorised officer's signature				
Name				
Position				