

# Community Funding Program

## Application Form

**Applications must be completed in full and submitted by no later than Friday 5 April, 2019.**

*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	
Name of Contact Person	
Postal Address	
Location Address	
Email Address	
Telephone/Mobile	
Fax	

Funding Category – 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"/>

Funding Category – 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"/>

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

Telephone 8366 4555  
Facsimile 8332 6338  
Email [townhall@npsp.sa.gov.au](mailto:townhall@npsp.sa.gov.au)  
Website [www.npsp.sa.gov.au](http://www.npsp.sa.gov.au)



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"/>	
Individuals (should be sponsored/auspiced)	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Is the Applicant/Organisation Incorporated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p><b>NOTE:</b> If the grant applicant is not Incorporated, it must demonstrate that it has the support of an Incorporated Association that will take legal and financial responsibility for the administration of any grant funding awarded. If no, please ensure section Appendix 1 is completed.</p>				
Does the organisation have an ABN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please list ABN number:	<input type="text"/>			
Is your organisation or group registered for GST?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Description of the Project/Activity
Name of project, program, activity, event, or initiative.
<input type="text"/>
Please describe your proposed project, program, activity, event, or initiative.
<input type="text"/>
How does your project/activity demonstrate a direct link to one or more of the <i>CityPlan 2030</i> Outcomes, Objectives or Strategies? Please identify the relevant Outcomes, Objectives or Strategies.
<input type="text"/>

How will your project or activity benefit and involve the City of Norwood Payneham & St Peters Community and enhance community well-being?

Will your activity enable members of the local community to increase their skills, knowledge and understanding and encourage meaningful participation and involvement in community life?

What are the anticipated outcomes of the project/activity? (I.e. what do you want to achieve?).

How will you know if your project, program, activity, event, or initiative has been successful? How will you know if you have achieved your intended outcomes?

If funding is to purchase equipment, does this have a clearly stated purpose? Please explain.

**Funding Priorities**

Does your project/activity identify, target or cater to the needs of groups with special needs?

Please tick if applicable.

Socially Isolated	<input type="checkbox"/>	Culturally or linguistically diverse	<input type="checkbox"/>	Disabled	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>				

How?

**Timeframe**

When will the project/activity be implemented?

Expected start date	
Expected completion date	

**Publicity and Promotion**

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

<b>Budget</b>	
What is the total cost of the proposed project/activity for which you are seeking financial support?	\$
What is the amount requested from the Council's Community Funding Program?	\$
Please provide details on how (or on what) Council funds will be spent. Quotes should be provided with this application as appropriate.	
Details (Item/Activity)	Amount
	\$
	\$
	\$
	\$
	\$
How will your project/program/activity proceed if the full grant amount requested is not available or your application is unsuccessful? Please provide details below:	

<b>Priority of Application/s</b>			
Is this your only community funding program application this round?	Yes		No
If no, please indicate the order of priority for all applications.			
1)			
2)			
3)			

<b>Other Funding</b>			
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.

Authorised officer's signature

Name

Position

### Submission of Applications

**This application form must be completed in full and submitted by the closing date for this round of funding (Refer Page 1).**

**Hard copy applications can be lodged in person:**

Norwood Town Hall  
175 The Parade, Norwood

**Applications can be mailed to:**

'Community Funding Program'  
City of Norwood Payneham & St Peters  
PO Box 204, Kent Town SA 5071

**Electronic submissions may be lodged via email to:**

[townhall@npsp.sa.gov.au](mailto:townhall@npsp.sa.gov.au)

## 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				