**2022/23 Coober Pedy Community Grant Application Form**

**Round 1**

**Organisation or Community Group Details:**

|  |  |
| --- | --- |
| **Name of Group or Organisation** |  |
| **ABN** |  |
| **Address** |  |
| **Postal Address (if different from above)** |  |
| **Phone Number** |  |
| **Email Address** |  |

**Key Contact Person for Application:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position Held in Group or Organisation** |  |
| **Phone Number** |  |
| **Email Address** |  |

**Please confirm that you have read the grant guidelines and you are confident that your application meets all the criteria as outlined. Guidelines can be accessed through** [**here**](https://www.cooberpedy.sa.gov.au/__data/assets/pdf_file/0015/1214070/20220922-2022-23-Coober-Pedy-Community-Grants-Guidelines-Round-1-FINAL.pdf)**.** [ ]  Yes

**Have you cross-checked your project against the list of activities that cannot be funded? Refer to** [**Community Grant Guidelines**](https://www.cooberpedy.sa.gov.au/__data/assets/pdf_file/0015/1214070/20220922-2022-23-Coober-Pedy-Community-Grants-Guidelines-Round-1-FINAL.pdf) **for what cannot be funded.** [ ]  Yes

**I am applying for:**  [ ]  Major Grant (up to $10,000) [ ]  Minor Grant (up to $500)

**Activity or Project Name:**

*e.g. “Establishment of Coober Pedy Skiing Club”*

**Brief Description:**

*Provide a brief description of your proposed activity or project. Include details as to who, where, what, when, and how. Be specific! (200 Words Maximum).*

**Need for Activity or Project:**

*Demonstrate the need for this activity or project in the Coober Pedy community. Explain why it needs to happen, how you know this, and how you have considered the community’s support for the project. If you have any support letters, please attach these to your application. (400 Words Maximum).*

**Proposed Outcomes and Benefits to the Coober Pedy Community:**

*List the expected outcomes or benefits of your activity or project. How will your activity or project benefit the Coober Pedy community? Provide evidence to support your answer – this could be references to articles, past experiences, or evidence or a planning/brainstorming process. Demonstrate how you will know (measure) that you have achieved these proposed outcomes. You may attach any supporting documentation to your application if you wish. (400 Words Maximum)*

**Council Community Grants Program Outcomes:**

*Demonstrate how your activity or project meets at least one of the outcomes that Council seeks to achieve through the Community Grants Program. These can be found in the* [*Community Grants Program Guidelines.*](https://www.cooberpedy.sa.gov.au/__data/assets/pdf_file/0015/1214070/20220922-2022-23-Coober-Pedy-Community-Grants-Guidelines-Round-1-FINAL.pdf) *(400 Words Maximum)*

**Coober Pedy Together Initiative:**

*Demonstrate how your activity or project aligns with both the vision and heart of Coober Pedy Together, as defined by the Coober Pedy community. The information and documents that you will need to consider this can be found* [*here*](https://drive.google.com/file/d/1oBqGZZxjdUUtwdmL9A3_Xgf7QVg99Cpa/view?usp=sharing)*. (400 Words Maximum)*

**Details of the Proposed Activity or Project:**

*Provide a brief project plan, including a timeline, and further information to demonstrate how your project or activity will be facilitated or implemented. You may attach any supporting documentation to your application as you wish. (400 Words Maximum)*

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| **Cash Funding Requested $** |
| **Council In-Kind Support Requested** *Based on your selections a cost will be attributed to the services.*  |
|  | **Requested** | **Duration** |
| Marquees | **[ ]**  |  |
| Extra bins and removal | **[ ]**  |  |
| Grading services | **[ ]**  |  |
| Supply of chairs and trestle tables | **[ ]**  |  |
| Road closures including advertising | **[ ]**  |  |
| Street sweeping prior to event | **[ ]**  |  |
| Line marking | **[ ]**  |  |
| Port-a-Loo or extra toilet cleans at town oval | **[ ]**  |  |
| Power supply at Town Oval  | **[ ]**  |  |
| Other (please specify) | **[ ]**  |  |

**If your application involves you working with other organisations or community groups, have you attached a support letter to demonstrate this.** [ ]  Yes

**Does your activity require permission from a landowner or third party?** [ ]  Yes [ ]  No

**If yes, have you received all necessary permissions?** [ ]  Yes [ ]  Not Applicable

**Activity or Project Budget:**

*Please provide a detailed budget for your proposed activity or project. Please use the Community Grants Program Guidelines to help you complete the template below. Alternatively, if you prefer you can attach a budget separately. Please make sure that your budget includes all the information as detailed in the* [*Guidelines*](https://www.cooberpedy.sa.gov.au/__data/assets/pdf_file/0015/1214070/20220922-2022-23-Coober-Pedy-Community-Grants-Guidelines-Round-1-FINAL.pdf)*.*

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| --- | --- | --- | --- |
| **Income Item** | **Income Amount** | **Expense Item** | **Expense** |
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| **TOTALS** | **$0** |  | **$0** |

**Have you attached a copy of your most recent audited financial statements?** [ ]  Yes

**Have you attached quotes for any purchases or large items over $500?** [ ]  Yes

**If in-kind support is included in your budget, have you included a letter of support or other evidence guaranteeing the pledged support?** [ ]  Yes [ ]  Not Applicable

**Could your activity or project move forward if only partial funding was received?**

[ ]  Yes [ ]  No – If yes, please provide details as to how this would be possible

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| --- |
| **Section 5: Promotion & Advertising**  |
| **How will the project, activity or event be promoted?** | **[ ]** Newspaper**[ ]** Radio **[ ]** TV **[ ]**  Social Media **[ ]** Newsletters**[ ]** Website**[ ]** Signage**[ ]** Other (please specify below) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Privacy Statement**

*The information provided in this application is used by the District Council of Coober Pedy (Council) to process and assess your proposal. Without this information Council will be unable to process your application. Your personal and/or organisational information may be disclosed to Council members, and staff, as well as independent members of the Coober Pedy Community Grants Evaluation panel. Your information will be held in the strictest confidence in accordance with the Council’s Privacy Policy, which is available at* [*www.cooberpedy.sa.gov.au*](http://www.cooberpedy.sa.gov.au)*.*

*Successful projects will be tabled at a future Council meeting for final approval. The results of the Community Grants Program may be published on Council’s website. Information published will include the organisation or community group name, project or activity name, a brief description of the funded activity or project, whether the application was successful or not and, if successful, the amount of grant monies received.*

**I have read and understand the above privacy statement**

I agree: [ ]  Yes [ ]  No

**Final Declaration**

I certify that to the best of my knowledge the statements made within this application and the information provided are true and correct, and I understand that if the application is approved, we will be required to accept the terms and conditions of the grant as outlined in the letter or email of approval.

I agree: ☐ Yes ☐ No

If funding is received, Council and EDL will be recognised as per the Community Grants Program Guidelines.

I agree: ☐ Yes ☐ No

I acknowledge that I am authorised to make this application on behalf of the community group or organisation listed in this application.

I agree: ☐ Yes ☐ No

I acknowledge that final decisions on all applications are at the discretion of the District Council of Coober Pedy (Council) and I will accept Council’s decision unreservedly and will not enter into any disputes with Council regarding the outcome of this application.

I agree: ☐ Yes ☐ No

I acknowledge that the District Council of Coober Pedy does not guarantee funding for any application and cannot guarantee funding to the full amount requested by any applicant.

I agree: ☐ Yes ☐ No

I acknowledge that, if successful in obtaining Community Grants funding, our organisation or community group must submit an Acquittal Statement and Evaluation Form within three months of the completion of the activity or project. Failure to do so may render us ineligible for any future Community Grant funding and may require that any funds received will need to be refunded to Council.

I agree: ☐ Yes ☐ No

I acknowledge that the grant must be spent on the agreed project only and that any unspent funds will be returned to Council.

I agree: ☐ Yes ☐ No

**Print Name: Position**

**Organisation or Community Group Name ……………………………………………………………………………………...**

**Signature: Date**

**Print Name: Position**

**Organisation or Community Group Name: ……………………………………………………………………………………….**

**Signature: Date:**